Rea. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY DR TOWN (If outside corporate limits, write RUBAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO D 4. DATE Month Yeor DEATH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 100\_USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN 1 4/20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20f. (City or town) (State) (County) 7, that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 1 9 '59 Cithur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	CERTIFICATE
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may be retained by the hospital or attending physician. **D. FUNERAL D. IOR:** After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Parthe registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13090 Reg. Dist. No.

	13103		CERTIF	ICAT	E OF D	EATH			Reg. Dist		shall
o. COUNTY Wi	comico		MARYL		a. STATE	NCE (Wher		lived. If instituti b. COUNTY		e before adm	nission)
b. CITY OR TOWN (II RURAL and give ne Salisb		ts, write	c. LENGTH OF STAY IN	N 16			side corporo	te limits, write R sbury	URAL ond gi	ive nearest to	own)
OR INSTITUTION	AL (If not in hospital, on E. Colle				d. STREET AD		ide I	rive		10	RESIDENCE I A FARM?
NAME OF DECEASED (Type or print)	Ida	st	Ma.e	Berg	man		4. DATE OF DEATH	Novemb		Doy 5	Year 19 59
SEX			EDI NEVER MARRIED	B. C	ATE OF BIRTH	3033	9	AGE (In years last birthdoy)		YEAR IF UN Days Hou	1
Female  Oo. USUAL OCCUPATION during most of work at h	ing life, even if retired	done 10b. I		100		1911 CE (State or Kans		48 yrs.	-	ZEN OF WH	
3. FATHER'S NAME	nas P. 01	iver	a rome	1	I. MOTHER'S A		ME	eohoe			
S. WAS DECEASED EVE		CES? 16. S	SOCIAL SECURITY NO.	Joh		ergm	F	Riversi	de D		- 3
Conditions, if a gove rise to it cause (a), staling lying cause lost.	mmediate (		Carent	(	1000	7				34	u.
5	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEAT						VEN IN PART	PEF	AS AUTOPSY RFORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)				OF INJURY (H				15		(State
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While of work	_ Not while _	factor	y, street, office	bldg., etc.)	Zor. (City C	n town,	(0	ounty)	(State
21. I certify the alive an	of I attended the	decease 125	~6,	death ac		- /	M, fram	the causes of the city or town,	and an th		
PHYSICIAN'S NAME (Type)			0								
Burial CREMATIO	11/7/1	959	Parsons		REMATORY letery			on (City. town, Bbury,			itate)
3. FUNERAL DIRECTOR	& SIGNATURE CE	- 6	50 Appressive	1/7/	ud,		BY REGISTR	AR 24b. REG	ISTRAR'S SIG		

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VS A1S (4) 1SM 9/58

Reg. Dist. No.

e. IS RESIDENCE ON A FARM?

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YES NO NO

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emale White WIDOWED & DIVORCED   Sept-3-1873   Skyrs. Months Days Hours Min.
USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar foreign country)  12. CITIZEN OF WHAT COUNTRY?  What working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?
JOHN SHORES ELIZABETH TIGNER
VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  AND THE MCINTURES SAME JULIANIES  Address  AND THE MCINTURES SAME JULIANIES
B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BÉTWEEN ONSET AND DEATH
1 IMMEDIATE CAUSE (0) Cerebral Ceromboses (6) Carebral
Conditions, if any, which) (b) Carebral arteriorscleroses
gove rise to immediate cause (o), stating the <u>under-lying couse last.</u> DUE TO  (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.)
Hour o. m.  19  20d. INJURY OCCURRED While Not while of work of two work of tw
21. I certify that I attended the deceased fram NOVERDER, NO 1936, 19 , that I last saw the deceased alive an
ACTUAL SIGNATURE M.D. Salislery M.A. Par SIGNEE  ADDRESS (Street, city for town, state)  DATE SIGNATURE  M.D. Salislery M.A. Par 23/95
PHYSICIAN'S NAME (Type)
BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY GREENATORY 22d LOCATION (City, town, or county) (State)
UNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS SIGNATURE DATE NOV 3 0 '59 Cuthun S. Kinus

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13107 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY					USUAL RESIDENCE (W. o. STATE	here deceased	lived. If institution	n: Residenc	e before adm	ission)
Wic	omico		MARYLAI	ND	Maryland		Anne A	minde	1 Co.	
	If outside carporate lim	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corpora				wn)
Salisbur	V		27/1		Annapolis	s. Marv	land	02.7	( 2	
	AL (If not in haspital, g	give street	address)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
Deerls	Head State	Hosp	ital		R.F.D.#3	Box 8	- Bay R	idge	AVE YES	□ NO X
3. NAME OF DECEASED (Type or print)	Fi	st	Middle		Last	4. DATE OF DEATH	Mon	th	Day	Yeor
5. SEX	Thor	7	W WE 6X 63		Burdette		AGE (In years	IE LINDER	1 YEAR IF UN	17
M.	LT	WIDOWE		_ 1	12/21/79		last birthdoy) 79 yrs.	- T	Days Hour	T
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUSTRY		e or foreign cou	intry)	12. CITI2	ZEN OF WHAT	COUNTRY?
during most of wor unknown	king life, even if retired	)			1	ryland	,		U.S.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Richard	Dundatta				Laura Wa	-+1				
	R IN U. S. ARMED FOR	CESO 11	COCIAL SECURITY NO. T	INIEC						
(Yes, no. or unknown)	If yes, give war or dates of t	ervice)		INIT	RMANT Deer's	Head H	ospitaT"	Recor	ds	
unknown	none	2	18 10 9256							
Conditions, if a gove rise to i couse (a), stating lying cause last.	ny, which (b	Arte:	ostatic cong				se		10 da	ays
ICATIO		DITIONS C	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THETERA	AINAL DISEASE	CONDITION GIV	EN IN PART	PERI	S AUTOPSY FORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in	Port I or Port	II of item 1B.)			
W 20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. It While at wor	Not while	foctor	OF INJURY (Home, for , street, affice bldg., et	ic.)			ounty)	(Stote)
alive an	nat Lattended the	deceas , 19_ ali			2919 59, to_curred 66:10 p  Deer's I  Salisbu	P.M., fram t ADDRESS (Street Head St.	he causes an et, city or town, ate Hosp	d an the stote)	date state	
PHYSICIAN'S NAME (Type)	L. V. Mald		. D.			- 3 5 23012				
220. BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEMETE				ON (City, town,		(SI	tote)
Burial	Dec. 2,	1959	St. James C	eme		Lothi				
Hopping Fr	's SIGNATURE	1 An	ADDRESS	wlar	DE	C 1 '59		trar's sic		

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Salisbus d. NAME OF HOSPITA OR INSTITUTION Deer's	Wicomico outside corporate limits, orest town)	MARYLAI	2. USUAL RESIDENCE (W	/hara dagaara				
Salisbus d. NAME OF HOSPITA OR INSTITUTION Deer's			ND Maryla		b. COUNTY	on: Residence b Worcest	efore admis <b>er</b>	ision)
d. NAME OF HOSPITA OR INSTITUTION Deer's			b c. CITY OR TOWN (IF			URAL ond give	nearest tow	m)
NAME OF	AL (If not in hospitol, give Head State H		d. STREET ADDRESS		reet	234	e. IS RE	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	First Sarah	Middle Jane	Last Carev	4. DATE OF DEATH	Nov.	th 6	Day	Year 19 <b>5</b> 9
Female	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy) 75 yrs.	IF UNDER 1 YE Months Day	AR IF UND	
Housew:	N (Give kind of work dar ing life, even if retired)	10b. KIND OF BUSINESS OR I	Maryland	i	ountry)	USA	OF WHAT	COUNTR
3. FATHER'S NAME Robert	Watson		14. MOTHER'S MAIDEN		Merritt			
5. WAS DECEASED EVER	IN U. S. ARMED FORCE:	16. SOCIAL SECURITY NO.	INFORMANT Deer's	Head I	ospital dd	Records		30
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Coronary the  Arterioscles	combosis			III C	Tears	DEATH
gave rise to in cause (a), stating t lying couse lost.	he under-	ONS CONTRIBUTING TO DEATH		MINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	) 19. WAS PERFO	
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /		DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Port I or Por	t 11 of item 18.)			,
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20 While Not while of wark of work	e. PLACE OF INJURY (Hame, for factory, street, office bldg., et	m, 20f. (City	or town)	(Coun	ty)	(Sto
alive on NO	at lattended the divember 6		per 19, 1959 to leath occurred at 8:15.	AM, from		d on the do	ote state	
PHYSICIAN'S NAME (Type)	L. V. Maldve	M. D.			Maryland	or county)	(Sto	ote)
REMOVAL (Specific)  3. FUNERAL DIRECTOR'S	11-8-59		Methodist		L Pocomo		ty, 1	vd.

death. Page 4 in to the funeral director, and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau TO HOSPITAL C. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be retained by the hospital ar attending physicion.

TO FUNERAL DESCIOR: After this certificate has been signed by the attending physicion and campletely filled in it page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registror prior to burial, cremation, or remaval, and in any event within 72 hours offer-death. VS A15 (4) 15M 9/5B

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MARYLAND	STATE	DEPARTMENT	OF HEA	ALTH_BALTIMORE 1	8
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	L. Same	13	109	CERTI	FICA	ATE OF C	PEATH	1		Reg. Dis	t. No.	o h.	7.4
1.	PLACE OF DEATH o. COUNTY	Vicomico		MARY	<b>CLAND</b>	d STATE	Maryla		d lived. If instituti b. COUNTY	Dorch			sion)
	b. CITY OR TOWN (I	If outside corporate li	nits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	OWN (If o	utside corpo	rate limits, write R	URAL ond g	ive nea	rest town	n)
	Salis			2 days		Ca	mbrid	lge	0	9.13	- 2		
	d. NAME OF HOSPIT	AL (If not in hospital,		address)		d. STREET A		treet				ON A	FARM?
3	NAME OF		irst	Middle		Las		4. DATE	Man	46.	Da		Year
	(Type or print)	Del	la			Cephas	5	OF DEATH	No	٧.	5		1959
5.	Female	6. COLOR OR RACI		RIED NEVER MARRI		10/18/	1927		9. AGE (In years last birthday) 32 yrs.	Manths Manths	Days	Hours	Min.
10	. USUAL OCCUPATION	ON (Give kind of world	done 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPL	ACE (State	or foreign co	ountry)	12. CITIZ	ZEN OF	WHAT	OUNTRY
	?	king life, even if retire	a)	?		No	rth Ca	rolin	а	U	ISA		
13.	FATHER'S NAME			-		14. MOTHER'S			~				
	Erne	st Watford					Mary	Fre	eman				
	es, no, or unknown)	R IN U. S. ARMED FO (If yes, give war or dates o		SOCIAL SECURITY NO	).	NFORMANT DE	er's	Head	Hospitat	Recor	rds		3.0
=	Unk.	ATH (Enter only one	ouse per li	ne for (o), (b), and (c).	1						INTE	RVAL BE	TWEEN
		TH WAS CAUSED BY	14			ation o	e 1	_			ONS	ET AND	DEATH
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	440	DUE T		ypertensive		.d		14	LO .				
	Conditions, if o	mmediate				arovasci	ular (	useas	θ,		-	3	
	lying couse lost.			ecompensate	ea.								
CERTIFICATION			(c) NDITIONS_	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 1	PERFC	ORMED?
FICA	20- ACCIDENT MA	AS UNDERLYING TO	Jan Dec	CDIRE HOW INHURY C	CCURRE	\ (F_1)	£ tutum tu l	Park Los Bord	t II of Stem IR t			YES	NO T
	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	206. DES	CRIBE HOW INJURY C	CCORRE	). (Enter noture o	r injury in	rorr I or ron	r II or item ib.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Y	ear 20d. I While at wo		20e. PL/ foo	ACE OF INJURY ( tory, street, office	Home, form bldg., etc	, 20f. (City	or town)	(C	ounty)		(State
-	21. I certify th	at I attended th	e deceas	ed from No	OY.	19.59	_, ta	Nov.	5 1959	that I la	st saw	the c	lecease
	alive an N	ov. 5	, 19	59, and that	death	accurred at	4:35A	M. fram	the causes an	d an the	date	stated	dabav
									reet, city or town,				TE SIGNE
	ACTUAL SIGNATURE	V. Juer	ME	ru.		Dee:	r's H	ead St	ate Hosp	ital	]	1/5/	159
	PHYSICIAN'S NAME (Type)	W Juerma		D.		Sal	isbur	y, Mar	yland				
22	BURIAL, CREMATIC	N, 22b. DATE THERE		22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	TION (City, town,	or county)		(Stat	le)
1	REMOVAL (Specify)	11-5-	1959	Betha	_1			CA	NI brid	ge.	,	Ma	1.
23	FUNERAL DIRECTOR	'S SIGNATURE	10	ADDRESS		and	24a. REG	NE REGIST	BAR 24b. REGU	STRAR'S SIC	NATU	RE	
$\angle$	con M	- reuri		ANIGNIA	14	11/01	DATE						

VS A15 (4) 15M 9/5B

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VS. A15ME(5) 5M 9/55

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13097

Reg. Dist. No.

o. COUNTY Wico	mico MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Maryland	d. If institution: Residence before admission) b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write and give nearest lower Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate   Quantico	limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION ( Peninsula General		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print) ISAAC	Lee Conway	Lost 4. DATE OF DEATH	Month Day Year 11-16-59 19
5. SEX  6. COLOR OR RACE  C	7. MARRIED NEVER MARRIED DIVORCED DIVORCED		E (In years   IF UNDER 1YEAR   IF UNDER 24 HRS.   Hours   Min.   Hours   Min.
10o. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)  Laborer  13. FATHER'S NAME	done 10b. KIND OF BUSINESS OR INDUS Creosote Plan	t   Maryland -	U.S.
Isaac Lee Con	Wav	Alena Price	
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown) (If yes, give wor or dates of	PRCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Ssac Conway, Quant	ico, Maruland
18. CAUSE OF DEATH (Enter only one couper on the couper of the couper on the couper of	Cerebral hemo	rrhage-traumatic.	INTERVAL BETWEEN ONSET AND DEATH 27 hr
(c)	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONF	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	Driver of car t	Enter noture of injury in Part I or Part II of item hat ran off road a	and overturned.
20c. TIME OF INJURY Month, Doy, Yes 10 20°; P. M. 11-15	20d. INJURY OCCURRED 20e. PLA  Vhile Not while Rt	CE OF INJURY (Home, form, ory, street, office bldg., etc.)  Royal	n
21. I certify that I took charge death resulted from: Natural			tion (A), Inquiry (A), and find that rmined cause (1).
ACTUAL EN E	By	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S RAPL L.	Royer, M.D.	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	11-17-59
22g. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) 11/18/5	of 22c. NAME OF CEMETERY OR Head of Cr		City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Bivalve, Marylan	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE

TATAL MEDICAL EXAMINED & DEFINICATE OF DEATH Cata and all the Catalogue Control of the deposit of Beers organ bus been the rea deplicate of the

VS A1S (4) 15M 9/55 M

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13149 CERTIFICATE OF DEATH

Reg. Dist. No.

								wall m	101, 140.	
1. PLACE OF DEATH a. COUNTY	lcomico		MARYLAND	a. STATE	noence (we		d lived. If institution b. COUNTY	nn Residen		dmission)
b. CITY OR TOWN RURAL and give	(If outside carporate limi nearest town)	ts, write	c. LENGTH OF STAY IN 16				rote limits, write R	URAL and	give nearest	town)
			Life	X W11:	lards					
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g		oddress)	d. STREET	ADDRESS					S RESIDENCE ON A FARM? ES NO
3. NAME OF	Fir	st	Middle	Lo	ist	4. DATE	Man	th	Day	Year
(Type or print)	William		Slidel	Coope	er	OF DEATH	Nov.	21,		1959
S. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8. DATE OF BIRT	TH		9. AGE (In years last birthday)			UNDER 24 HRS.
Male	White	WIDOWE	DIVORCED	Feb. 2	27. 1	884	75 yrs.	Months	Days H	aurs Min.
during most af wo	rling life, even if retired		Own		ruce (State		ountry)	12. CI	USA	HAT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S					- 1022	
	Edward C	oope	r	Ro	L ago	one S	tokely			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR			INFORMANT	000	0,110	Add	ress		
(Yes, no. or unknown)	(If yes, give war or dates of s	21		Elizabe	erh C	oop e	r Will	arda	, Md	
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o		rebuilt he	mello	uge.					AL BETWEEN AND DEATH
331X	DUE TO		/ _1 1	,	//			00.75	1/	
Canditions, if	ony, which ) (b	. hu	Pherterises						1	
gave rise to	immediate (	71	11- 1							
lying cause last		, a	terisell	will					100	
PART II. O'  PART III. O'  O'  O'  O'  O'  O'  O'  O'  O'  O'	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	P	ERFORMED?
200 ACCIDENT W	AS LINIDERIVING T	20h DES	CRIBE HOW INJURY OCCURRI	CO (Fotos potusos	of intervals	Part Lar Par	I II of item 19.)		YE	S NO D
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DE30	CKIBE HOW INJUST OCCURR	ED. (Enter nature t	ar injury in	ram i ar ram	i ii ur iiem is.j			5.19
20c. TIME OF INJU	10	While		LACE OF INJURY octory, street, affic			or lawn)	-	Caunty)	(State)
21. I certify t	that I attended the	deceas	ed from 1957	19	_, to_//	-59-	1858	.thot I	last saw	the deceosed
alive on //-	211-1959		ond that deat		Accepted July	M. from	n the couses o			
400	( ( ( )	7	, one man dean	i occorred o			reet, city ar tawn,		ne dole .	DATE SIGNED
ACTUAL SIGNATURE	rank Les	NG	2	M.D. Mil	lan	1sm	rasylas	cl.		
PHYSICIAN'S NAME (Type)							/			
220. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 226. DATE THEREC		22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCA	TION (City, town, o	ar county)		(State)
23. FUINERAL DIRECTO		1	Morress	Do		D BY REGIST		STRAR'S S	GNATURE R. Krange	
Jew!	1 round	1/4	conficulty.	, well,	DAIL	UYDU		1 1	. / white	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

and a transfer of the same and a transfer of the same a L 4 u e ope. Lat Line Control Control Control Control Control Control A-IV AND -UT IN A TOLE STANCE LIES Bellevick (1945) of the later weeking of the letter with

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13113	CERTIFICATE	OF DEATH	
	2 US	HAL RESIDENCE (Where deceased lived	If inst

Reg. Dist. No. 1310()

o. COUNTY Wicomico	MARYLAND	a. STATE Marylan	nere deceased lived. b,	COUNTY Wicon	mico
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of	outside carporote limi		
d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION  Deer's Head State		d. STREET ADDRESS	ce Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Laurett		Dashiell	4. DATE OF DEATH	Month November	23 19 59
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9/27/1891	9. AGE last b	erthday) Months [	YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark done 10 during most af working life, even if retired)	b. KIND OF BUSINESS OR INDU		ar foreign country)		EN OF WHAT COUNTRY?
13. FATHER'S NAME  Elias Polk		14. MOTHER'S MAIDEN N			
(Ye), no, or unknown)  Unk • (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 1	NFORMANT Deer's	Head Mosp	italde Record	ds
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).]  Hypostatic cong	estion of lun	ıg		INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stoting the <u>under-lying cause lost.</u> (c)	Recurrent cereb	rterioscleroti	ic cardiov		
PART II. OTHER SIGNIFICANT CONDITIONS Pyelonephritis,		NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PART	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Part II af ite	m 18.)	
Hour o.m. Whi		ACE OF INJURY (Hame, farm ctory, street, office bldg., etc		) (Cc	aunty) (State)
ACTUAL SIGNATURE YULTMAN	59, and that death	accurred a9:20P.		uses and on the ar tawn, state)	
PHYSICIAN'S V. Juerman, M.  220. BURIAL, CREMATION, 22b. DATE THEREOF	D. 220 NAME OF CEMETERY		y, Maryla		(State)
23. FUNERAL DIRECTOR'S SIGNATURE	Appress	Cres com	D 8Y REGISTRAR	24b. REGISTRAR'S SIG	NATURE
Dooke 100	211	DATE	EC 2 '59	Orthon &	MANAG

LELIS . . CHRINGALE OF DEATH Sciings - St days - Ballery A glod Co a menditation of the best of tend If the Built advanced to their such as in a course of the level To carried to the control of the property of the control of the co A SAME THE SECOND OF THE SECOND SECON To be the second of the second 

VS A1S (4) 1SM 9/S8

r death. Page 4

13101

13114 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Wic	omico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arudel
b. CITY OR TOWN (II RURAL ond give ne Salisbury	foutside carporate limits, writ arest town) Maryland	c. LENGTH OF STAY IN 16  lyr.3mo.16da	
OR INSTITUTION	AL (If not in hospitot, give street Head State Ho		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Chester	Josiah	Dorsey  4. DATE Manth Doy Year OF Nov. 28 19 59
5. SEX Male	Negro wind	ARRIED A NEVER MARRIED D	Mar. 11, 1900 (ast birthday) Months Days Haurs Min.
Tenant F	ON (Give kind of wark done ling life, even if retired)	0b. KIND OF BUSINESS OR IND	IDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY  Maryland USA
	hn Dorsey		14. MOTHER'S MAIDEN NAME Susan Brown
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Hospital Records  Address Lattican Mc.  Salisbury, Md.
20g. ACCIDENT WA	mmediate   DUE TO	IS CONTRIBUTING TO DEATH BU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS:  PERFORMED?  YES NO E  RRED. (Enter nature of injury in Part I or Part II of item 1B.)
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive anNO	in I attenfled the dece	ile Nat while fwark at wark	ADDRESS (Street, city or town, state)  DATE SIGNE Salishum Mamuland 11/29/59
PHYSICIAN'S NAME (Type)	L. Maldve, M.I	0.	M.D. — Callsouty, Haryland 11/2/1///
220. BURIAL, CREMATIO REMOVAL (Specify)	012-2-19	22 NAME OF CEMETERY	emetory prewery MIC
23. FUNERAL DIRECTOR'S	s signature	and Address apali	DATE DEC 3 '59 Orthur S. Kraus

11. HERE I STATE OF THE STATE OF THE STATE OF To the second se THE RESIDENCE OF THE PARTY OF T and , to selfer ... -Plant of the little of the state of the little of the state of the sta White the best well at the a

er death. Page 4

may be retained by the haspital or attending physicion.

O FUNERAL PARCIOR: After this certificate has been signed by the attending physicion and completely filled in both the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours offer death.

may be reto TO HOSPITAL

VS A15 (4) 15M 9/58

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus

13102

13115

## **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceased	lived. If institution: Residence before admission)
Wicomico	MARYLAND	MARYLAND	b. COUNTY WORCESTER
b. CITY OR TOWN (If outside carporate	limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	ote limits, write RURAL and give nearest town)
SALISBURY	14 DAYS	POCOMOKE	City 2742.2
d. NAME OF HOSPITAL (If not in hospital		d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION	11	208 SIXTH	STREET YES NOT
TENINSULA GENE			
DECEASED	First Middle	Lost 4. DATE OF	Month Day Yeor
	rence O.	DUNCAN DEATH	November 10 1959
	CE 7. MARRIED MEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR   last birthday)   Months   Doys   Hours   Min.
FW	WIDOWED DIVORCED	AUGUST 31, 1870	89 yrs.
10a. USUAL OCCUPATION (Give kind af wo during mast of working life, even if reti	ork done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign co	12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE		VIRGINIA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
A. T. TAYLO	R	ROSA ANN.	TUSTICE
5. WAS DECEASED EVER IN U. S. ARMED		INFORMANT	Address
(Yes, no, or unknown) (If yes, give war ar dates		ARENCE C. DUNCAL	V. POCOMOKE CITY, M
		AKENCE C. BONCA	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one		and the second	ONSET AND DEATH
PART I. DEATH WAS CAUSED 8 IMMEDIATE CAUS	E(0) UVE m/d		12 days
4.14.2 X DUE		1 11 1	
Conditions, if ony, which	(b) LOLUEY N	Ephron Nephrosis	13 deups
gave rise to immediate DUE	то		7
lying cause lost.	(c) HYTEVIOSCLE	votic Cardio vascula	ar Disease
PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?
3 arterial En	pholism to violit (a	mmon Femeral Arte	YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		D. (Enter nature of injury in Port I or Port	If of item 18.)
OR CONTRIBUTING CAUSE OF DEA	IR)		
20c. TIME OF INJURY Month, Day,	Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,   20f. (City	or town) (County) (State
Hour a.m.	TAULIE TAUL MULE	ctory, street, office bldg., etc.)	
	OI WOIK OI WOIK		
	the deceased fram 26 Oct		1958, that I last saw the decease
alive an 10 Nov	, 19.59, and that death		the causes and an the date stated above
	D 0-	· ·	reet, city or town, state) DATE SIGNE
SIGNATURE SEEPL C. F	it geral	M.D. 707 Came	LEM AVE. Solisbury Md.
	90		
PHYSICIAN'S NAME (Type) JOSEPH C	. FITZGERALD		
220. BURIAL, CREMATION, 226. DATE THE	REOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCAT	ION (City, town, or county) (Stote)
BURIAL (Specify)	-59 BAPTIST CE		MOKE CITY MARYLANI
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REGIST	
Manna 18 SIL Dal	A	TY MD DATE NOV 1 3 '59	Cirilary & Trans
JAN DON LA COM	sen becomoke Ci	II, III) DAIE	

510 1 8 11 11 SILET A CONTRACTOR OF THE PARTY OF TH GBERTAL AND SAME AND AND THE FEEL AS A THE FEEL AND THE FEEL AS A THE FEEL AND THE 

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1. PLACE OF DEATH a. COUNTY			

**CERTIFICATE OF DEATH** 116

Reg.	Dist.	No.

70770				
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where	b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autsic	de carporate limits, write RUR	AL and give nearest town)
Salisbury		OCEA!	4 CITY	23x-2
d. NAME OF HOSPITAL (If not in haspital, give street	address) .	d. STREET ADDRESS		e. IS RESIDENCE
Peninsula General	Hospital	PHILE	PELPHIA	AVE YES NO X
3. NAME OF DECEASED (Type or print) William	THUM AS	GILLY	DATE Month OF DEATH NOVEN	Day Year
5. SEX 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH	1 1 1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b dyring mast af working life, even if retired)	KIND OF BUSINESS OR INDUS	0	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	0	
JAMES GIBBS		DALLY	FOVVELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 1	IRS, W. T. G	1885 Oct	AN CITY ME
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)	erebral de	Hemorrha	ge	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Part II of item 18.)	
Hour a.m. While	t.	ACE OF INJURY (Home, farm, ttory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
21. I certify that I attended the decea alive an	sed fram // / / , and that death	//		and I last saw the deceased an the date stated above. DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF				
POMOYAL (Specify) 11 10 59	22c. NAME OF CEMETERY OF	GREMATORY 220	BERLINY	county) (State)

may be retainty the haspital or attending physician. **D FUNERAL DIMETOR:** After this certificate has been signed by the attending physician and campletely filled in by funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haugratter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OF WEST TO HOSPITAL OR MOSPITAL OR MOSPITAL OR MOSPITAL OR MOSPITAL OR MOSPITAL DISCUSSION OF THE MOSPITAL OR MOSPITAL DISCUSSION OF THE MOSPITAL DISCUSSION OF

after death. Page 4 funeral director

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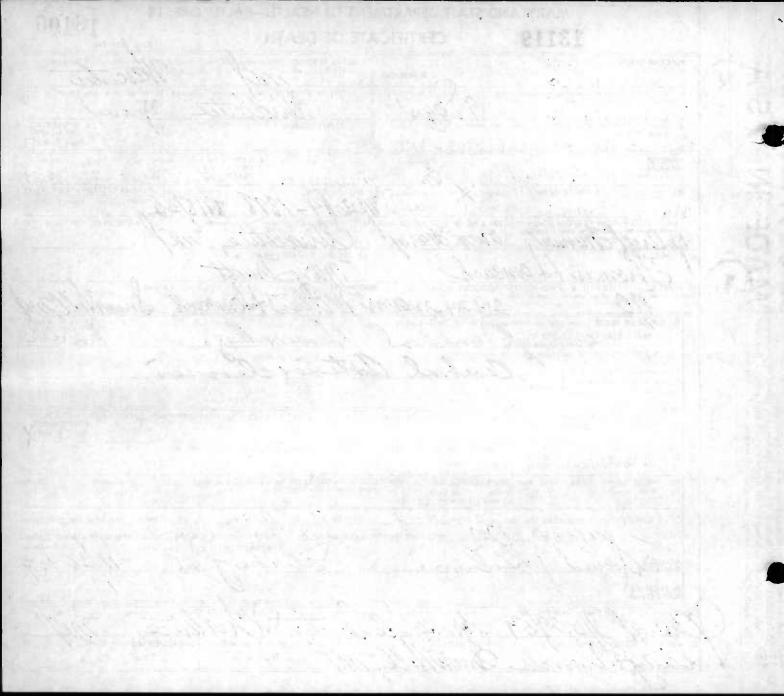
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13113 CENTRONEOS OF ATR constitution of the state of th ATT TOURS OF THE PARTY OF THE P will the set to the second second the little of the best of the last to the little of the li world of and true to A contract to the contract of hand to thousand the first of The state of the s A-40-5, arrests 12/32/11 hand toll agranted out to me note at their

15M 9/58



22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR

DATE NOV ,1 3 ,159

3107

Reg. Dist. No. Wicomico e. IS RESIDENCE YES NO Year 11-6-59 19 IF UNDER TYEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 0 PERFORMED? NOF in quarrel. (County) (State) Wicomico Md . Inquiry 1. and find that DATE SIGNED 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE Cirthung & Forance

VS. A15ME(5) SM 9/55

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22a. BURIAL, CREMATION, 22b. DATE THEREOF

Thornton B. Jolley Salisbury, Md.

REMOVAL (Specify)

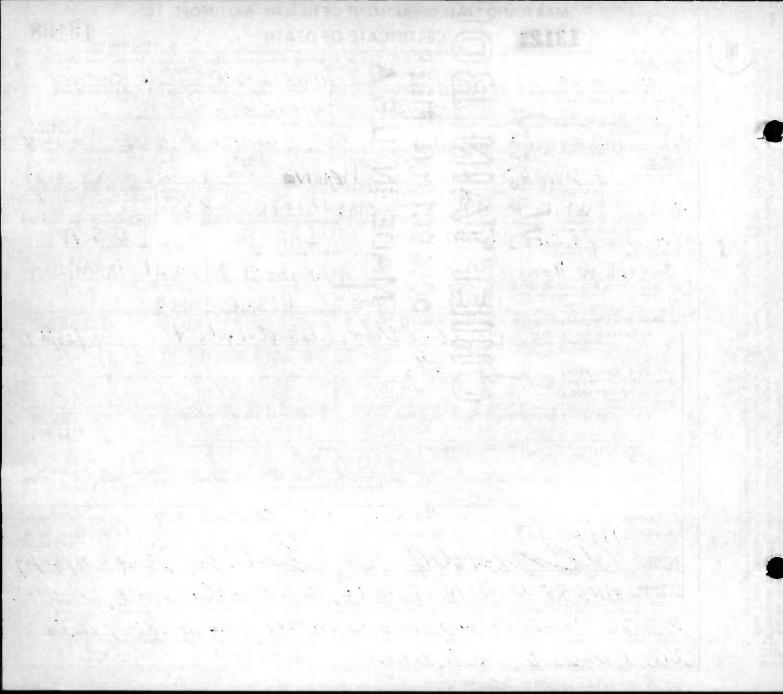
23. FUNERAL DIRECTOR'S SIGNATURE

MEDICAL EXAMINER'S CELLIFICATE OF DEATH . I were no all never most to feed but named a national A THE CONTRACTOR OF THE PROPERTY OF THE PROPER

physician.

attending

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 1SM 9/SB

) Di	ACE OF DEATH	1 1 1			I	2. USUAL RESIDENCE (W	here decease	d lived If instituti	Reg. Dist		tmission)
	COUNTY	Wicomic	0	MARYI	LAND	o. STATE Mary			Woree		
	RURAL and give no	f outside corporate limits	s, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If			RURAL ond gi	ive nearest	town)
Sa	alisbury	, Maryland		ll days		Whaleys	sville	, Md.	2	3 X	- 2
d.	OR INSTITUTION	AL (If not in hospitol, girs Head Sta				d. STREET ADDRESS				0	RESIDENCE ON A FARM? S NO
DE	AME OF ECEASED ype or print)	John	Ť	Middle	В	lost	4. DATE OF DEATH	Nov		Doy 1	Yeor 19 59
S. SE	X	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D   B.	DATE OF BIRTH		9. AGE (In years Jost bigthday)	IF UNDER 1		JNDER 24 HR
	Male	Negro	WIDOWED	DIVORCED		unk		yrs.	Months	Doys He	ours Min.
10a.	USUAL OCCUPATION	ON (Give kind of work d	lone 10b. Kil	ND OF BUSINESS OF	R INDUST	RY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	ZEN OF WH	AT COUNTRY
		me, even ir refired)		unk		Mar	rland			USA	
13. F/	ATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	J. 1	Holland				Minnie 1	Iiller				
IS. W	VAS DECEASED EVE	R IN U. S. ARMED FORC	CES? 16. SC	CIAL SECURITY NO.	. IN:	FORMANT		Add	lress	n n	001119
(100, 0	unk 77	(if yes, give wor or dalls or ser	n	out S.	Но	spital Reco	ords	Sal	lisbur	у, М	d.
ľ		ATH Enter only one counTH WAS CAUSED BY:	Ga		4	eas with met	astas	es			L BETWEEN
	PART I. DEA  / 57 X  Conditions, if o gove rise to i couse (o), stoting	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ny, which mmediate (b)	Ga		4	eas with met	astase	es			
CATION	PART I. DEA  Conditions, if o gove rise to i couse (o), storing lying couse lost.  PART II. OTh	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ny, which mmediate the under:  HER SIGNIFICANT COND	Ca Ditions co	ancer of p	ancr	eas with met	MNAL DISEAS	E CONDITION GIV	ven in Part	ONSET (	VAS AUTOPSY
CERTIFICATION	PART I. DEA  / 57 X  Conditions, if o gove rise to i couse (o), storing lying couse lost.  PART II. OTH  20a. ACCIDENT WARDER CONTRIBUTING	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ny, which mmediate the under:  HER SIGNIFICANT COND	Ca Ditions co	ancer of p	ancr	NOT RELATED TO THE TERA	MNAL DISEAS	E CONDITION GIV	VEN IN PART	ONSET (	AND DEATH
L CERTIFICATION	PART I. DEA  Conditions, if o gove rise to i couse (o), storing lying couse lost.  PART II. OTH  PART II. OTH  COD. ACCIDENT WA  OR CONTRIBUTING IF EITHER, NOTIFY	AS UNDERLYING	Contions con	NTRIBUTING TO DEA	ATH BUT N	NOT RELATED TO THE TERA	NINAL DISEAS  Port I or Por	E CONDITION GIV		ONSET (	VAS AUTOPS' REFORMED? S NO
MEDICAL CERTIFICATION	PART I. DEA  Conditions, if or gove rise to it couse (o), storing lying couse lost.  PART II. OTH  PART II. OTH  CO. ACCIDENT WARDER CONTRIBUTING IF EITHER, NOTIFY  CO. TIME OF INJUR Hour o. m. p. m.  21. I certify the alive an NOTIFY  CACTUAL	AS UNDERLYING COLOR CALLER SIGNIFICANT COND  AS UNDERLYING COLOR CALLER SIGNIFICANT CAL	DITIONS COL	NTRIBUTING TO DEA	ATH BUT N CCURRED. 20e. PLAGfocte	(Enter nature of injury in E OF INJURY (Home, for ory, street, office bldg., et accurred at 5:50	Port I or Por  m, 20f. (City C.)  M, fram  ADDRESS (S	E CONDITION GIV t II of item 18.) v or town)	that I las	ONSET /	VAS AUTOPS: RFORMED? S NO (Stote
MEDICAL CERTIFICATION	PART I. DEA  Conditions, if o gove rise to i couse (o), storing lying couse lost.  PART II. OTH  CO. ACCIDENT WAD R CONTRIBUTING IF EITHER, NOTIFY  HOUR O. M. P. M.  21. I certify the color of the condition of the condition of the color of	AS UNDERLYING COLOR CALLER SIGNIFICANT COND  AS UNDERLYING COLOR CALLER SIGNIFICANT CAL	20b. DESCRI White of work [	IBE HOW INJURY OF WAR OF WORK	ATH BUT N CCURRED. 20e. PLAGfocte	(Enter nature of injury in E OF INJURY (Home, for ory, street, office bldg., et accurred at 5:50	Port I or Por  m, 20f. (City C.)  M, fram  ADDRESS (S	t II of item 18.)  or town)  the causes ar	that I las	ONSET /	VAS AUTOPS: RFORMED? S NO (Stote
MEDICAL CERTIFICATION	PART I. DEA  Conditions, if o gove rise to i couse (o), storing lying couse lost.  PART II. OTH  CO. ACCIDENT W.  OR CONTRIBUTING IF EITHER, NOTIFY  OC. TIME OF INJUR  Hour o. m. p. m.  21. I certify the color of the color of the color  ACTUAL  COLOR OF INJUR  ACTUAL  COLOR OF THE OF INJUR  COLOR OF THE OF T	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO  ny, which mediote the under.  HER SIGNIFICANT COND  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year  19  That I attended the V . 1,  G . Kosmah.  The condition of the cond	DITIONS COLORS C	IBE HOW INJURY OF WAR OF WORK	ATH BUT N CCURRED.  20e. PLACE foctor death	(Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., et accurred at 5:50	Port I or Por  m, 20f. (City c.)  M, fram  ADDRESS (S	t II of item 18.)  or town)  the causes are treet, city or town, aryland	that I las	ONSET (10) 19. VP PYE	VAS AUTOPS' REFORMED? S NO (Stot) de decease

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

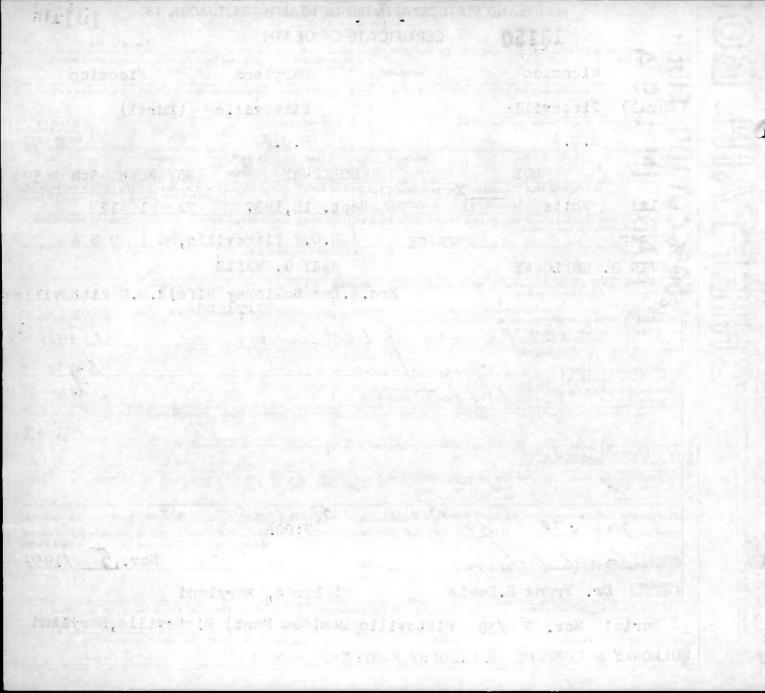
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	131:	50	CERTIFI	CATE O	F DEATH	1	R	eg. Dist. No.	
a. COUNTY	icomico		MARYLAN	o STA			ed. If institution: b. COUNTY	Residence before	
b. CITY OR TOWN (If or RURAL and give neare (Rural)	itside corporate limi st town) 1ttsv1]	its, write	LENGTH OF STAY IN	b c. CITY		utside corporate	limits, write RURA (Rura		est town)
d. name of hospital or institution	(If not in haspitol, g	give street ac	dress)	d. STR	R.D.#	¥		6	IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	RO RO		Middle	HOL	Lost LOWAY	4. DATE OF DEATH	NOVEMI	BER 5	Year 19 5
Male 6	White	7. MARRIE	DIVORCED		• 18.18	le		onths Days	F UNDER 24 HI Hours Min
during most of working  Farmer	(Give kind of work life, even if retired	done 10b. Ki	ND OF BUSINESS OR II	NDUSTRY 11. BI		or foreign countr	у)	12. CITIZEN OF	
LEVIN G.	HOLLOWA	Y		14. MOT	ARY G.	IAME			
. WAS DECEASED EVER IN (es. no. or unknown) (If y	U. S. ARMED FOR es, give war or dates of s	CES? 16. SC	OCIAL SECURITY NO.	rs.A.M	ae Hol]	Loway(W	ife \R.I	D.# P11	tsvil
Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	under- DUE TO	art	posters	EUS BUT NOT RELAT	ED TO THETERMI	NAL DISEASE CO	ONDITION GIVEN	5 5. IN PART 1(0) 19	PERFORMED?
20a. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY OCCU	JRRED. (Enter na	ture of injury in F	Port I or Port II o	f item 1B.)		YES NO
20c. TIME OF INJURY Haur a. rp. p. m.	Month, Doy, Ye	ar 20d. INI While at work	Not while_		URY (Hame, form office bldg., etc.		awn)	(County)	(Sta
21. I certify that alive an NAY  ACTUAL SIGNATURE FRYSICIAN'S NAME (Type)  PHYSICIAN'S NAME (Type)	rule A	, 195 Decem	2, and that de	m.D	d at7:00A	ADDRESS (Street,	city or town, stot	an the date	the deceas stated above DATE SIGN /1959
o Burial, CREMATION, REMOVAL (Specify)	Nov. 7		22c. NAME OF CEMETER P1ttsv1	Y OR CREMATO	ORY	22d. LOCATION	City, town, ar c	lle, Ma	
B. FUNERAL DIRECTOR'S S HOLLOWAY &		Y SA	ADDRESS LISBURY M	ARYT.AN		V 1 2 '59	The second second	AR'S SIGNATUR	

VS A15 (4) 15M 9/58



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13124

**CERTIFICATE OF DEATH** 

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Dies No.

				Keg. Dist. 14	0.
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryl	nere deceased lived. If institu b. COUNT		
b. CITY OR TOWN (If autside corporate limits, w RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write	RURAL ond give n	earest town)
Salisbury, Maryland	14 days	Stockton	Di Di	23x.2	
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION	treet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Deer's Head State Hospi					YES NO
3. NAME OF DECEASED (Type or print) Chestni		Jones	4. DATE MO	_	Day Year 1 19 59
5. SEX 6. COLOR OR RACE 7.	MARRIED 🔀 NEVER MARRIED 🗌	B. DATE OF BIRTH	9. AGE (In year last birthday)		R IF UNDER 24 HRS
Male White wi	DOWED DIVORCED	4-5-1874	85 yrs		Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Waterman	Seafood	Stockton	, Maryland	U	.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Pirum E. Jones		Elisa M	. ?		
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	Ad	dress	
unknown	None	Deer's Head	Hospital Rec	ords	
1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY:		o due to		IN OI	TERVAL BETWEEN NSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumoni			1	.O Days
42.2.1 DUE TO	Arterioscleroti Disease De	ic Cardiovasc	ular		?
gave rise to immediate	DISCUSC DO	compensaved			
cause (a), stoting the under.				707	
lying couse last. (c)	ONE CONTRIBUTING TO DEATH BE	T NOT BELLTED TO THE YERM	INIAI DISCASE CONDIZIONI C	WENT IN DARK NO.	IN WAS ALITORSY
PART II. OTHER SIGNIFICANT CONDITION Prostatic Hyp  206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ertrophy, Benis		INAL DISEASE CONDITION G	IVEN IN PART I(0)	PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II of item 1B.)		
Haur a.m.		PLACE OF INJURY (Hame, form actory, street, affice bldg., etc		(Count	y) (Stote)
21. 1 certify that I attended the de-	ceased from Oct. 28	19.59, ta No	v. 11 , 159	that I last so	aw the decease
	19 <u>59</u> , and that deat				
A. /			ADDRESS (Street, city or town		DATE SIGNED
SIGNATURE U. JULIU	ian	M.D. Deer's Hea	d State Hospi	tal	11-11-59
PHYSICIAN'S V. Juerman,	M. D.	Salisbury,	Maryland		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	CONTROL CONTRO	22d. LOCATION (City, town	or county)	(Stote)
Burial 11-15-59	Porterville	Methodist	Stockton,	Maryla	nd
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246. REG	SISTRAR'S SIGNAT	URE
Henry St Walson	Pocomoke Cit	y, Md. DATE N	OV 1 6 '59	Irthur & to	auA

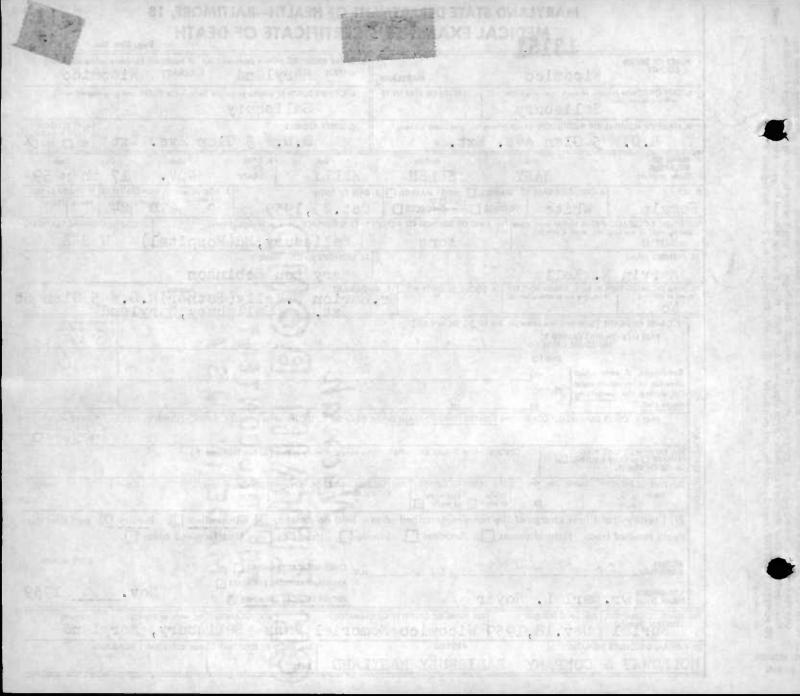
Page 4 If the haspital or attending physician.

LIOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with taburial, crematian, ar removal, and in any event within 72 haurs after death. death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OF JAT may be retain y TO FUNERAL D. TT page 3 shauld be do the registrar priar to

VS A15 (4) 15M 9/5B

Poplania III ington or The second second . . . . . . . 3000 description of the Control of the Control The board of the state of the second of the converse of the second To be the second of the second -ig-did not interest conde book attack as the condense of the -17-50 Por applia Hatcodine Stocker, Laginal A SEA OF THE WALL WAS TOO TO SERVE THE

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Pag Diet No

	13163					14.05	g. Dist. 110.	
1. PLACE OF DEATH o. COUNTY	icomico	MARYL		o. STATE Maryl		b. COUNTY W1	esidence befor	e admission)
RURAL and give no Salis		24 days	N 1b	c. CITY OR TOWN (I	D3187977	Jinits Write RURAL Ches Delmar D		~ .
OR INSTITUTION	AL (If not in hospital, give so Head State			d. STREET ADDRESS John B. Pa				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Susie	Middle Jefferso	n	Marsh	4. DATE OF DEATH	Novembe Novembe	er 12	
5. SEX Female	White	MARRIED NEVER MARRIED		5/3/1885	9.	AGE (In yeors IF Ut last birthday)  74 yrs.		Hours Min.
Schoolt	ON (Give kind of work done king life, even if retired) eacher	10b. KIND OF BUSINESS OF Schoolteach	er	Maryla	nd	try) 12	USA	WHAT COUNTRY
13. FATHER'S NAME			1	4. MOTHER'S MAIDEN	NAME			
	W. Spriggs	1			Lankford			
15. WAS DECEASED EVE (Yes, no. or unknown)  Unk•	R IN U. S. ARMED FORCES? (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	INFO	RMANT Deer's	Head Hos	spitaldaRec	ords	
	ATH [Enter only one couse of the was caused by: IMMEDIATE CAUSE (a) DUE TO	Hypostatic		stion of t	he lungs		ONS	erval Between et and Death hrs
Canditians, if a gove rise to i couse (o), stoting	ny, which (b)	Hypertensiv	e art	eriosclero	tic cardi	iovascular diseas		ars
CATIC		ONS CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIVEN IN	V PART 1(a) 19	9. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CURRED. (	nter noture of injury i	n Port I or Port II	of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	V	Od. INJURY OCCURRED  While Not while twork at work	20e. PLACE factory	OF INJURY (Home, fa , street, office bldg., e	etc.) 20f. (City or	town)	(County)	(Stote
	L. V. Maldve	he,	death ac	Deer's Salisb	P.M., from the ADDRESS (Street Head Sta	e causes and ar t, city or town, stote) ate Hospit	the date	
29 EUNERA DIRECTOR	sightweet	Sal Ju	4	240. RE DATE	C'D BY REGISTRAN		S SIGNATUR	

O HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physicion.

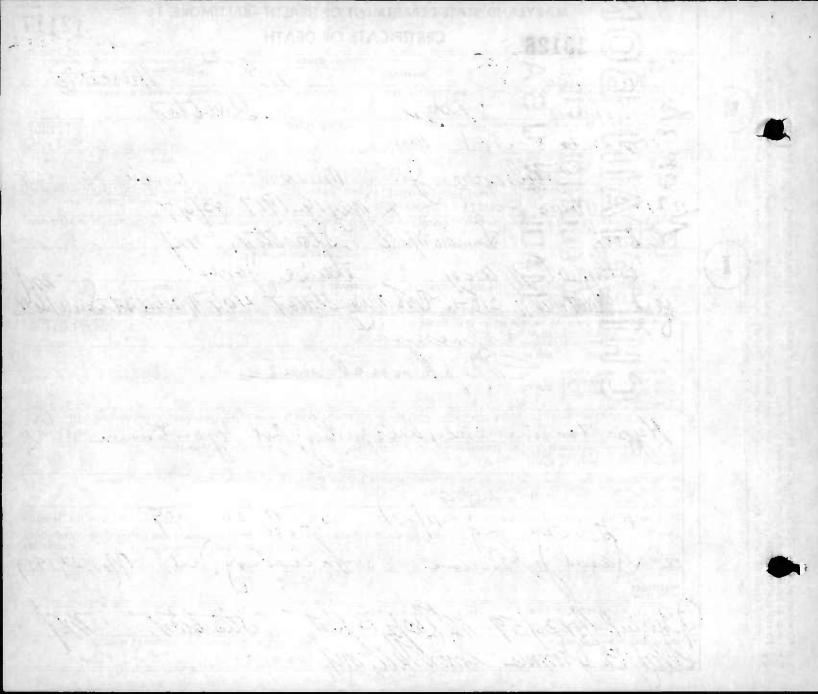
O FUNERAL DECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

TO HOSPITAL OF may be retained TO FUNERAL D VS A15 (4) 15M 9/58

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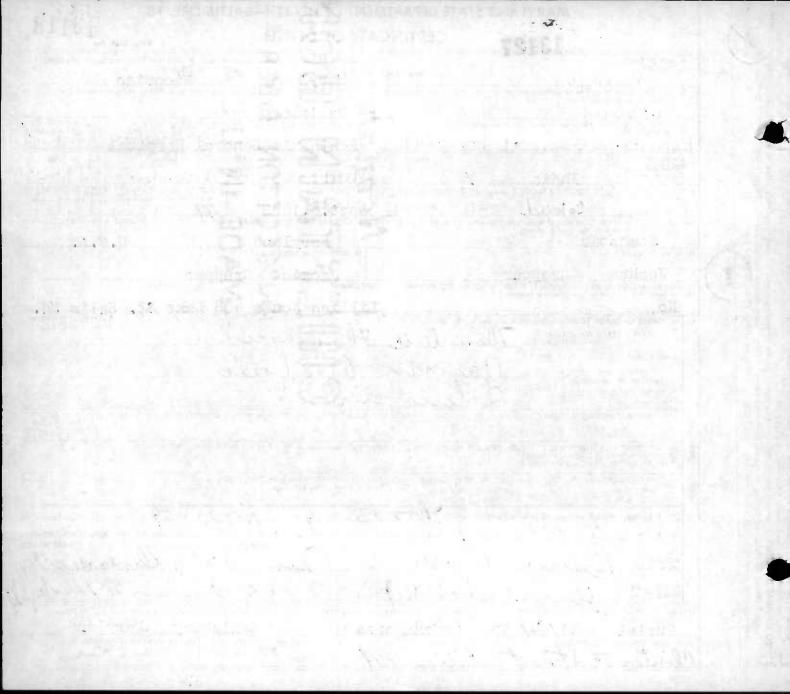
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DATE

certificate death requires VS A15 (4) 1SM 9/SB



VS A1S (4) 15M 9/58

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ding physician and completely filled in by funeral director,	s. Pages 1 and 2 should be filed with
led in by	s 1 and 2
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ian and co	se remove carbon papers.
ling physic	se remove

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

13119

13128	CERTIFICATE OF DEAT	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND  2. USUAL RESIDENCE (V	Where deceased lived. If institution: Residence before admission) b. COUNTY 50556
RURAL and give neorest town)	DA 6	If outside carporate limits, write RURAL and give nearest town) - SBORO 46 X-3
d. NAME OF HOSPITAL (If not in nospital, give street address or INSTITUTION DENERAL HOSPITAL AND	ospital d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \( \text{NO} \) NO \( \text{E}
R. NAME OF DECEASED (Type or print) ( L SO N	Middle Mc Cabe	e DATE Month Day Year DEATH November 16 1959
6. COLOR OR RACE 7. MARRIED (	NEVER MARRIED   8. DATE OF BIRTH	9. AGE (In years last birthday) Months Days Hours Min.
Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND ing most of warking life, even if retired)	<u> </u>	
3. FATHER'S NAME - MOCAB	14. MOTHER'S MAIDEN	NIA GRAT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO. INFORMANT -18-8/13 Mrs. OLA /	NCCABE DAGSBORGD
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o). (b). and (c).]	INTERVAL SETWEEN ONSET AND DEATH
UL 20.0 DUE TO Conditions, if ony, which ) (b)	Muradeal Dubie	tim 6 hours
gave rise to immediate couse (a), stating the under-lying couse lost.	arterioscherotic H	tdis.
PART II. OTHER SIGNIFICANT CONDITIONS CONT    Document	RIBUTING TO DEATH BUT NOT RELATED TO THETER	RMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter noture of injury i	in Part I or Port II of item 18.)
Hour a.m. While	Y OCCURRED Not while of work 20e. PLACE OF INJURY (Home, for factory, street, office bldg., and the factory)	orm, 20f. (City or town) (County) (State
21. I certify that I attended the deceased falive on 16 Nov 1959		M, fram the causes and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGNE
ACTUAL SIGNATURE SERPLIC. Fitgers	M.D	ADDRESS (Street, City of fown, stole)
NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  22c.	NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, tawn, or county)  OA 6-5-BORO  DOLL  (Stote)
23. SUNERAL DIRECTOR'S SIGNATURE	ADDRESS 24g. RE	- 11000000 DEL.

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MARYLAND	2. USUAL RESIDENCE (W	yland	L COUNTY		mico
TH OF STAY IN 1b	c. CITY OR TOWN (IF				
	_			our to one give i	
	d. STREET ADDRESS	itlar	10.		e. IS RESIDENCE
St Ext	Sou	th Di	vision	St Ext	ON A FARM?
Middle	Last	4. DATE	Mon		Day Year
PUSEY	MC DANIEL	OF DEATH	NOV.	27t	h 19 59
EVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24 HRS
DIVORCED [	March 20,1	.890	last birthdoy) 69 yrs.	Menths Day	Hours Min.
BUSINESS OR INDU			country)	12. CITIZEN	OF WHAT COUNTRY?
None	Eden. Ma	rvlar	nd	U	SA
	14. MOTHER'S MAIDEN				
	Matilda	Caro	line Pus	ev	
ECURITY NO. MA	ss Myrtle T				1
	ss rigitate e	FICDE		tland.	Maryland
(b), and (c).]	^			IIN	TERVAL BETWEEN
irdial	Inlarctio	าท		0	NSET AND DEATH
1 1	7				
ry Arl	Enosclerosi	S			
		11,2			
TING TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
					YES NO
W INJURY OCCURRE	D. (Enter nature of injury in	Port I or Po	rt II of item 1B.)		
- fo	ACE OF INJURY (Home, for ctory, street, office bldg., et		y or town)	(Count	y) (Stote)
while ork	,				
July	1959, to 1	Vov. :	27 1959	that I lost so	aw the deceased
and that death	accurred at 300/A	M. from	the causes on	d on the da	te stated obove
20			street, city or town,		DATE SIGNED
ep .	M.D			Nov .	UX /1959
	Pine Bluff	Road	i Salis	bury, M	laryland
ME OF CEMETERY O	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(State)
Johns !			itland,		
DRESS	DA DEC	O BY BECK	TRAR 24b. REGIS	TRAP'S SIGNIAT	TIDE

TO FUNERAL DIVECT the registrar VS A1S (4) 1SM 9/SB



220. BURIAL, CREMATION, 22b. DATE THEREOF

Nov. 29, 1959

& COMPANY - SALISBURY MARYLAND

REMOVAL (Specify)
Burial

HOLLOWAY

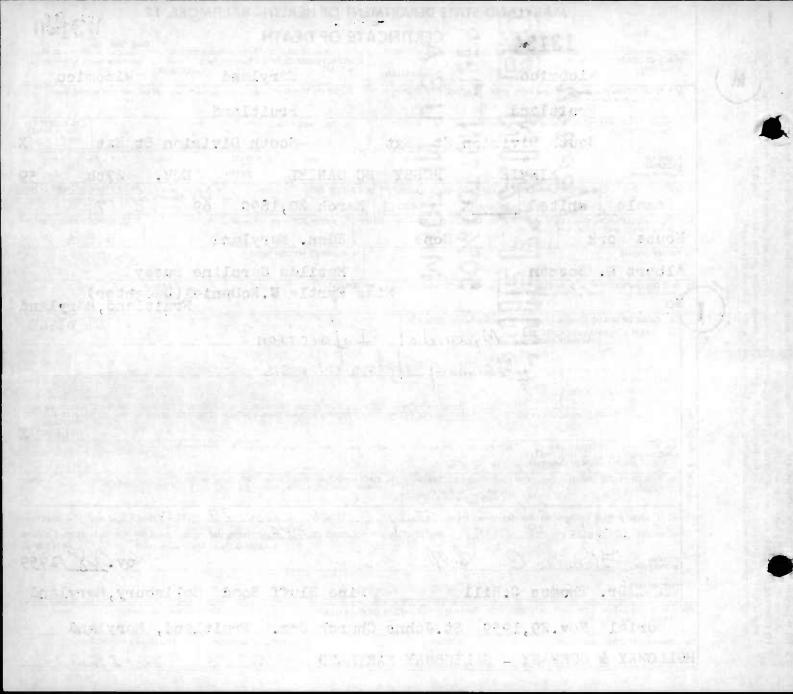
23. FUNERAL DIRECTOR'S SIGNATURE

22c. N/

DEC 2

DATE

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CRIES OF SERIES OF SEATH Programme and the second 

	13	198	CERTITIO	ATE OF DEATI	•	Reg. D	Dist. No.		
o. COUNTY	icomico		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	nere deceased lived. If in b. CO			e admission	)
	(If outside carparate limi	ts, write c. LEh	NGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, v			rest town)	
	Salisbury ITAL (If not in hospital, g	ive street address	Mons.	d. STREET ADDRESS	nry			e. IS RESIDE	NCE
	Tank Manor			Tony Tan	k Manor			YES   N	10
NAME OF DECEASED (Type or print)	Fir TRIFIR	nice	Middle COOPER	MESSICK	4. DATE OF DEATH	Month	23		59
SEX Formal a	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In lost birth	years IF UNDE iday) Months yrs.		Hours	Min.
00. USUAL OCCUPAT during most of wo House 3. FATHER'S NAME	ON (Give kind of work of rking life, even if retired	done 10b. KIND (	OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stote	or foreign country)		ITIZEN O	F WHAT CO	TMUC
5. WAS DECEASED EV	H. Coper ER IN U. S. ARMED FOR III yes, give wor or doles of s	CES? 16. SOCIAL		Isabell Ha		Address			18
No		N.	Jone M	rs James A. P	hillips, Sar	ne			
18. CAUSE OF DE	ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	, Car		occlu	won		INTE	RVAL BETWEET AND DE	EATH
18. CAUSE OF DE PART I. DE  420.  Conditions, if gove rise to cause (a), stating lying couse last	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which immediate I the under: (c)	Car	(a), (b), and (c).]	OCCUL.	uon		ONS	P. WAS AU	TOPS
18. CAUSE OF DE PART II. DE LA CONditions, if gove rise to cause (a), stating lying couse last Part II. O' PART II. O' OR CONTRIBUTI WOR CONTRIBUTI W	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which immediate I the under: (c)	DITIONS CONTRI	(a), (b), and (c).]	. occlu	MAL DISEASE CONDITIC	ON GIVEN IN PA	ONS	P. WAS AU	TOPS'
18. CAUSE OF DE PART I. DE PART II. DE Conditions, if gove rise to cause (a), stating lying couse last PART II. O  20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ony, which immediate of the under.  THER SIGNIFICANT CON  TAS UNDERLYING OF DEATH of the under.  WEDICAL EXAMINER)  RY Month, Doy, Yes	DITIONS CONTRI	BUTING TO DEATH BUTOUR OCCURRED 20e. P.	OCCUL.	INAL DISEASE CONDITION  Port I ar Part II of item in the image. 120f. (City or town)	ON GIVEN IN PA	ONS	P. WAS AU	TOPS
18. CAUSE OF DE PART II. DE PART II. DE Conditions, if gove rise to cause (a), stating lying couse last Part II. O' PART II. O' OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUHOUR o. m. p. m.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ONY, which immediate g the under: (c: CHER SIGNIFICANT CON  (AS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)  (RY Month, Doy, Ye- 19  hat I attended the	DITIONS CONTRI  20b. DESCRIBE H  or 20d. INJURY While of work of a	BUTING TO DEATH BUTTON OCCURRED Sot while for the same comments of the s	T NOT RELATED TO THE TERM  ED. (Enter nature of injury in	INAL DISEASE CONDITION  Port I or Port II of item 1  1.   20f. (City or town)	on GIVEN IN PA	(County)	P. WAS AU PERFORM YES \( \) N	TOPS SED? NO [
18. CAUSE OF DE PART I. DE PART I. DE Conditions, if gove rise to cause (a), stating lying couse lost Part II. O'  20a, ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTHER)  21. I certify I alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ONY, which immediate g the under: (c THER SIGNIFICANT CON (AS UNDERLYING   G   CAUSE OF DEATH Y MEDICAL EXAMINER) (RY Month, Doy, Ye 19 hat I attended the 1-23 (ON. 22b. DATE THEREC	DITIONS CONTRI  20b. DESCRIBE H  or 20d. INJURY While of work   or of	BUTING TO DEATH BUTTON OCCURRED Sot while for the same comments of the s	I NOT RELATED TO THE TERM  ED. (Enter nature of injury in lace OF INJURY (Home, formatory, street, office bidg., etc., 19_56., ta	INAL DISEASE CONDITION  Port I or Port II of item in 20f. (City or town)  P.M., from the cau address Brook By or CAU Condition (City).  Quantico,	9,that I sees and an tawn, state)	(County)  I last so the day  and	P. WAS AU PERFORM YES N	TOP NED? (Steelescent)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page A may be retained by the haspital ar attending physician.

D FUNERAL

CTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO FUNERAL VS A15 (4) 15M 9/55

Violetal director, should be filed with

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24 hours after death.

VS A15C 1-55 10M

Cirthun S. Krown

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#### ARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13123

## CERTIFICATE OF DEATH

13131	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICOMICO MARYLAND	STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR end give neerest town) TOWN Salisbury Since 4/17/59	CITY (If outside corporate limits, write RURAL end give nearest town) OR 12 TOWN Salisbury
HOSPITAL OR Pine Bluff State Hospital INSTITUTION OR STREET ADDRESS Salisbury, Maryland	STREET (If rural give location) ADDRESS South Division
3. NAME OF (First) (Middle)  DECEASED (Type or Print)  DECEASED (All Prints)  DECEASED (Middle)	(Last) 4. DATE (Month) (Dey) (Year) OF DEATH NOV. 1959
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE 24 DE	9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working lifa, even if retired) Laborer-Mason	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Morris	Sallie Kikk Richardson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yasa 40, or unk.) (If Yes, give wer or detas of service) 217-14-8390	17. Mr. John H. Parsons-Record St Sal Records of Pine Bluff State Hospital M
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE (A) Conclean Fix	eleve 30 minules
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  OUE TO  (B)  OUE TO  (C)	Infacellin (sespect)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While While at work at work	If. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8 Nov	19.57, to 8. No, 19.59, that I last saw the deceased 8.50
SIGNATURE Depli Figural M.D.	ADDRESS (Street, city, town, stete)  DATE SIGNED  TO T Cambridge Labeling Md. 8 Nov 57
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Nov.11.1959 Pittsvill	LOCATION (City, town, or county) (Steta)  e Cemetery Pittsville, Maryland
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE NOV 1 2 '59 Civiling & thouse	Holloway & Company-Salisbury, Md.

# CERTIFICATE OF DEATH

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24a. REC'D BY REGISTRAR

DATE NOV 1 6 '59

24b. REGISTRAR'S SIGNATURE

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REMOVAL (Specify) SURIAL

23. FUNERAL DIRECTOR'S SIGNATURE

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NE OF HEALTH - SALTIMOSE, CERTIFICATE OF DEATH			
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Secretary States			

VS A15 (4) 15M 9/55

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requires that the death certificate

Maryland
Norman + Baker

246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE NOV 3 0 '59 Carina & France

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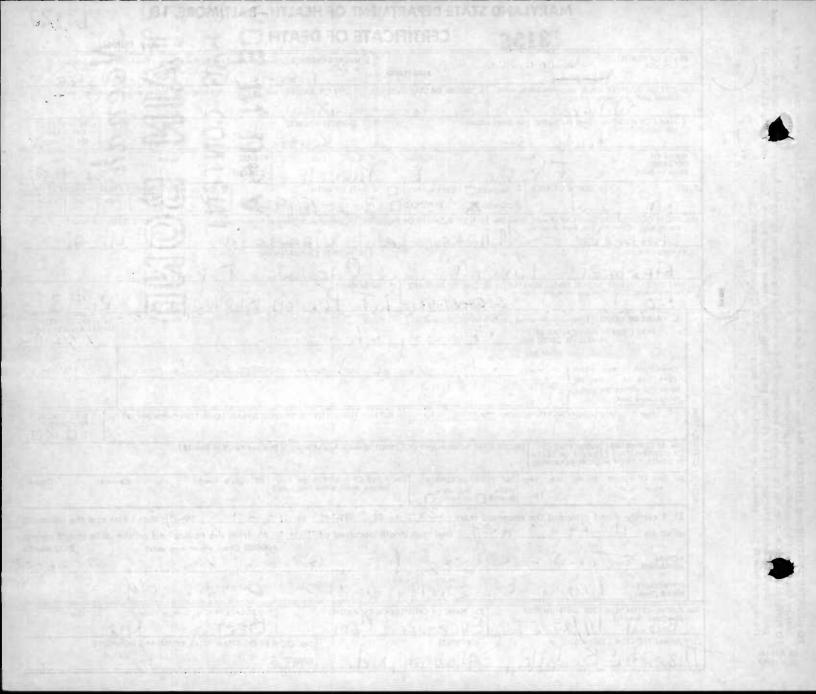
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VS A15 (4)

15M 10/57



	13157 CERTIFIC	ATE-OF DEATH	Reg. Dist. No.
1	n. PLACE OF DEATH o. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE Maryland.	b. COUNTY W1COM1CO
)	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Salisbury	c. CITY OR TOWN (If autside carporate line X Salisbury (	mits, write RURAL and give nearest town) Rural)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.D.# 3(Delmar Rd)	d. STREET ADDRESS R.D.# 3 (De	elmar Rd)  e. is residence on a farm? yes \( \) no \( \)
3	3. NAME OF DECEASED (Type or print)  Signature of DeceaseD (Type or print)  FREDRICK	RATCLIFFE 4. DATE OF DEATH	NOV. 10th 1959
47	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED       Male   White   Widowed   DIVORCED	8. DATE OF BIRTH 9. AG los	(In years thoughdoy)  Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Printer  Printing	Knoxville, Tenn	
1	Charles Fredrick Ratcliffe	14. MOTHER'S MAIDEN NAME Elizabeth Mae J	ett
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. or unknown)  YES  (If yes, give wor or plotes of service)  W W # I	Solution M. Ratcliffe Road) Salisbury,	(Wiffe)R.D.# 3(Delma Maryland
	18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Canditians, if any, which gave rise to immediate couse (a), stating the under-lying cause last.	rcular Acei	olent grand beath
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I ar Part II of	item 18.)
ANEDICA		ACE OF INJURY (Hame, farm, 20f. (City ar tax ctary, street, affice bldg., etc.)	wn) (Caunty) (Stote
	21. I certify that I attended the deceased fram. 1957 alive an 10115 5, 19 , and that death		causes and an the date stated above ity ar tawn, state)  NOV.  19,that I last saw the deceased above DATE SIGNED  19,that I last saw the deceased DATE SIGNED  19,that I last saw the deceased DATE SIGNED
1	PHYSICIAN'S NAME (Type) Dr. Carrie I. Hearn 4 77	PI_9_4773 (N.Division St. S	alisbury, Maryland
		crematory 22d. Location (Cemetery Salis	City, tawn, or caunty) (Stote)
-	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MAR	24a. REC'D 8Y REGISTRAR  PATE NOV 1 6 '59	24b. REGISTRAR'S SIGNATURE Orthog & Kraus
	THE THE WOLLD STATE OF THE PARTY OF THE PART	CC O LAMB SIVAL	Commit Di / Vianna

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIENCATE OF DEATH

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TTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours

TO HOSPITAL O

VS A15 (4) 15M 9/5B

may be retain the haspital at attending physician.

TO FUNERAL DIPACTOR: After this certificate has been signed by the attending physicion and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages 1 c page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon popers. the registror prior to burial, cremation, or removol, and in any event within 72 hours ofter death. CEDTIEICATE OF DEATH

13130

	131	35	CERTIFIC	AIE OF	DEAII			Reg. Dist. N	No.	
1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLAND	a STATE		here deceased land	lived. If institution b. COUNTY	0.0 4	efore admission) OMICO	
b. CITY OR TOWN RURAL and give	(If autside carporate limits nearest tawn) Salisbur	y c. LE	NGTH OF STAY IN 16	c. CITY OF		outside corporo	te limits, write RL	JRAL and give	nearest tawn)	
d. NAME OF HOSP OR INSTITUTION	Pen Gen			d. STREET	ADDRESS 729	Roger	St		e. IS RESIDEN ON A FAR YES NO	M2-
3. NAME OF DECEASED (Type or print)	THOMAS	F	RANKLIN	RID	)ER	4. DATE OF DEATH	NOV.		Pay Year	59
5. SEX Male	111200	WIDOWED X	DIVORCED [	B. DATE OF BIR	7,188	30	78 yrs.	Months Day	-	HRS Ain.
Owner &	ION (Give kind of work d rking life, even if retired) Operator—I		etired)	ess Wi	comic	co Cou			S A	TRY
James R	ider			14. MOTHER		NAME etzler				
15. WAS DECEASED EV (Yes, no, or unknown)	(If yes, give war or dates of ser	looise	12-1593	Mrs Lor	ena (	Campbe	11(Datt	Thter)	729 Rog	ge:
Canditions, if gave rise to cause (a), stating lying cause last	the <u>under</u>	And	Soseli  IBUTING TO DEATH BE	of NOT RELATED	FO THE TERM	INAL DISEASE	CONDITION GIVE	EN IN PART 1(o	) 19. WAS AUTO	PSY
OR CONTRIBUTING	/AS UNDERLYING ☐ : G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCURI	RED. (Enter nature	of injury in	Part I ar Part I	I af item 1B.)		PERFORMED YES X NO	
20c. TIME OF INJU Hour o. m. p. m.			Vat while	PLACE OF INJURY factory, street, aff	(Home, fornice bldg., etc	n, 20f. (City o	r town)	(Caun	ty) (S	State
actual SIGNATURE	hat lattended the	deceased from	om 2/23/ , and that dear	th accurred a		ADDRESS (Stre	ne causes and let, city ar town,	d an the do	9 19	ove
PHYSICIAN'S NAME (Type)	A l	22c.	NAME OF CEMETERY		Land A	22d. LOCATIO	Salisbi	r county)	(State)	
23. FUNERAL DIRECTOR	Nov. 20, ]	959		Cemeter	1	Sal	isbury	, Maryl	and	
HOLLOWAY	& COMPANY			YLAND		NOV 2 0		TRAR'S SIGNA	11	

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VS A15 (4) 15M 9/5B

13131

Reg. Dist. No.

Icamica

NAME OF HOSPITAL (If not in haspital, give street address) OF INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ENINSULA GENERAL HOSPITAL	1008 John Street	YES NO
ME OF CEASED BABY SIN Middle De ar print)	Simblins 4. DATE Manth OF DEATH NOVEDDER	23 1959
6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS. Days Hours Min.
ISUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRIES OF INDUST	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZ	EN OF WHAT COUNTRY?
THER'S NAME	MARIE PARSONS	<u> </u>
AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. III. (If yes, give war or dates of service)	p. Wm. E. SIMPKINS, SAMO	
CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Explusive		M
761,5 DUE TO	(23.0 7.1.)	
Canditians, if any, which (b) much less	Port March	
gave rise to immediate ause (a), stating the under-	10,121	
ying cause last. (c) Urunfure	rupt neutranes	
PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OD. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED RECONTRIBUTING   CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Cactary, street, affice bldg., etc.)	ounty) (State)
1. I certify that I attended the deceased fram. 11/23	1959, ta 22 1/23, 19 Tapat I las	t saw the deceased
live an $01/\sqrt{3}$ , 19 $19$ , and that death	accurred at 2 P.M. fram the causes and an the	date stated abave.
CTUAL Clara Christey Sey	M.D. PeniMed BLg,	11-25-59
HYSICIAN'S DS BONAN Christensen	V SALISBURY, MARY	AND
URIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O WILOMICO 1	NEM. PARK SALLS DURY, MC	(State)
NERAL DIRECTOR'S SIGNATURE  1 + JOHNSON CO SALIS OUTY,	M 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN DATE NOV 3 0 '59 Cuthun S.	
Norman t. Saler 2082/21	GIXUU	三年215年

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Cotting S. Kraus

NOV 2 0 '59



death. Page 4

the attending physicion and campletely filled in by twe funeral director, Then pleose remove corban papers. Pages 1 and 2 should be filed with may be retain y the hospital or attending physicion.

2 FUNERAL DINECTOR: After this certificate hos been signed by the attending physicion and campletely filled in by page 3 should be detached far use os the buriol-transit permit. Then pleose remove corban papers. Pages 1 and 2 the registrar prior ta burial, cremation, ar removal, and in any event within 72 hours

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs may be retain TO FUNERAL DIV VS A1S (4) 1SM 9/SB

						and the same		Key. Dis	)I. INO.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RES			d lived. If instituti			nission)
	Wicomico		MARYLAND		Mary	land		Wice	omico	
b. CITY OR TOWN RURAL ond give r	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 1b	c. CITY OR	TOWN (IF	outside corpo	prote limits, write R	URAL ond g	give nearest to	own)
(Rural)	Salisbur	7		X	Sali	sbury	(Rural	)		
OR INSTITUTION			ddress)	d. STREET		11 -			01	RESIDENCE A FARM?
R.D.# 1	Shad Po	int			R.D.	# 1	Shad Po	int	YES	□ NO 🗶
3. NAME OF DECEASED	Fir		Middle	L	ost	4. DATE	Mon	th	Day	Year
(Type or print)	CAR		MANSFIEL	D SMI	[TH	DEATH	NOV		17th	19 59
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIR	TH		9. AGE (In years last birthdoy)		1 YEAR IF UN	
Male	White	WIDOWED	DIVORCED [	Nov. 1	7, 1	880	79 yrs.	Months	Doys Hou	ors Min.
100. USUAL OCCUPATI	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHI	PLACE (Stote	or foreign o	country)	12.CITI	ZEN OF WHA	COUNTRY
	rking life, even if retired rpenter-Re		d-Boat	Shad	Po1	nt(Wi	.co.Co.)	Md.	US	A
13. FATHER'S NAME				14. MOTHER			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
William	W. Smith			The	eodos	ia A.	Dishar	oon		
15. WAS DECEASED EV (Yes, no. or unknown) Unk	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		OCIAL SECURITY NO.	rs Theo	dosi	a Pry	itt(Dau alisbur	ghte:	r)R.D	#1
18. CAUSE OF DE	ATH [Enter only one co	use per line	for (0), (b), and (c).	7		( 0	(-0	<b>V</b>	INTERVAL	BETWEEN
	ATH WAS CAUSED BY:	/	toute (	me ent	wie !	tent	Farly		ONSET AN	ND DEATH
11200	IMMEDIATE CAUSE (o	,	0	X		0	0.0		77-10	
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Conditions, if a	immediate (	)	77 4004	/		2.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	44	1	<u>u</u>
couse (a), stoting lying couse lost	the under- DUE TO	)							0	
PART II. OT	HER SIGNIFICANT CON	DITIONS CC	ONTRIBUTING TO DEATH BU	JT NOT RELATED 1	O THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19. W	AS AUTOPSY
ATI										RFORMED?
20g. ACCIDENT W	'AS UNDERLYING	20h. DESCI	RIBE HOW INJURY OCCUR	PED (Enter noture	of injury in	Port Lor Pa	rt II of item 18.1		1123	LI NO LA
■ OR CONTRIBUTING	CAUSE OF DEATH	200. 0130.	NOC THOSE INCOME.	LD. LEMEI MOTOR	or mjer,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		- 1001 101	UIN OCCUPAND 20- 1	DI ACE OF INITION	(1)	- 1005 163				454.4
20c. TIME OF INJU Hour o. m.		or 20d. INJ While		PLACE OF INJURY actory, street, offi			y or town)	(0	County)	(Stote)
₩ p. m.	19	ot work								
21. I certify t	hat I attended the	decease	d fram 4-2	9 195	la_	17N	50 1955	that I la	ist saw the	deceased
alive on	15 Nov	195	9, and that dea	th accurred a	5:00	AM from				
	0	1	, 4114 1141 464	.,, 00001100 0			itreet, city or town,			DATE SIGNED
ACTUAL	Fruit	Van	-/					No	W. 18	1050
SIGNATURE	70-	1 4	X~	_ M.D					V • 0	-7.7.7.
PHYSICIAN'SDI	. Earl L.	Roye	( <del>4</del> )	407 Ca	umden	Ave.	Salis	bury	, Mary	land
220. BURIAL, CREMATIC REMOVAL (Specify Burial			22c. NAME OF CEMETERY Shad Point		rv_R		TION (City, town,			Stote)
23. FUNERAL DIRECTOR		-7.7.	ADDRESS	O DATO O C			TRAR 24b. REGI			1200

HOLLOWAY & COMPANY - SALISBURY MARYLAND

Milhitan ) Yunger The second of th ALE U. . SEC. OF COLUMN THE PARTY OF STREET AND CONTRACT OF STREET mode wis ill . A fel chapting OPRE TY VOICE THE WIND THE TANK OF THE PROPERTY OF THE PROPE Dark i dev. 10, 1959 Sied Pelet Chercopy-S. D. D. Dilksburg, Maryline COLUMN MESSALIZA - SELEMBLE VIRGINIA

VS A15 (4) 15M 9/5B

ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
Items 14	& 22	Film G253	12/3/59	iwk	

CERTIFICATE OF DEATH

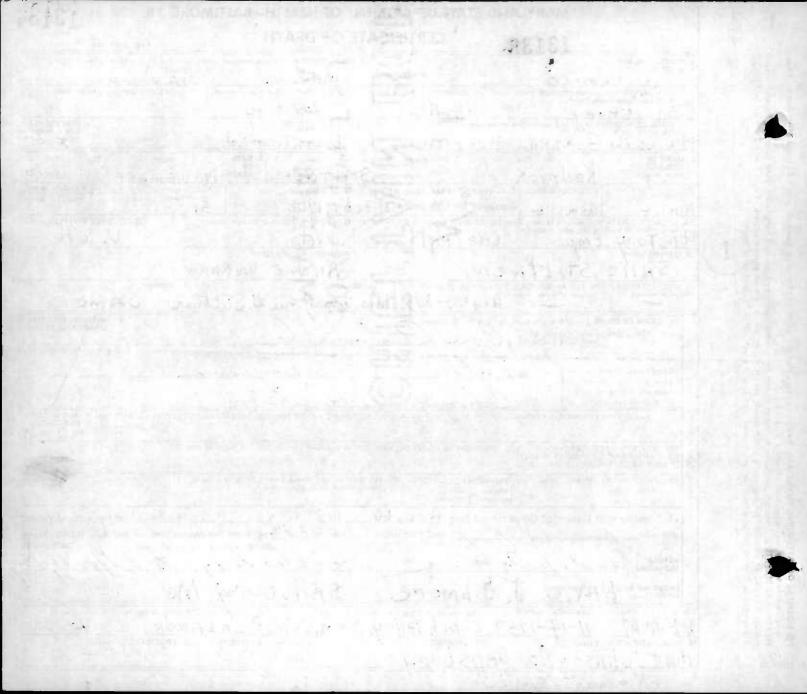
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	1313	57	CLKIIII	CAII	. 01 01/				Reg.	Dist. No.		
1. PLACE OF DEATH  o. COUNTY  Wi.comi.comi.comi.comi.comi.comi.comi.com	2020		MARYLA		JSUAL RESIDENCE. STATE	ce (When		b. CQU			re odmis	sion)
b. CITY OR TOWN	(If outside corporate limits	, write c. LEN	GTH OF STAY IN	1b	c. CITY OR TOWI	-					arest tow	n)
RURAL ond give r	iry, Md.	- 14.0	7 days		R. D. #	2. 0	ambri	dge	09	v - 2	1.3	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, given				d. STREET ADDRI						ON A	SIDENCE A FARM?
Deer's	Head State	Hospital									YES [	] 00 [
3. NAME OF DECEASED (Type or print)	First Bert		Middle Wille	NT.	Stanton	1	4. DATE OF DEATH		Month	Do 2		Year 159
S. SEX	6. COLOR OR RACE				TE OF BIRTH			9. AGE (In ye		ER 1 YEAR		
F		WIDOWED 3	DIVORCED [		2-21-89		112	lost birthd			Hours	Min.
0a. USUAL OCCUPATI during most of wo	ON (Give kind of work derking life, even if retired)	one 10b. KIND O	F BUSINESS OR I	NDUSTRY			foreign co		12.0	ITIZEN OF	S. A	
I3. FATHER'S NAME	-			14	. MOTHER'S MAI		-	ı u.		0. 1	J. A.	•
	ward Willey				Sally S							
	ER IN U. S. ARMED FORCE (If yes, give war or dates of ser	ES? 16. SOCIAL	SECURITY NO.	INFOR	MANT Deer	's H	lead H	lospi ta	Addriteco	rds	77.	
unknown												
	ATH [Enter only one cou									INTE	ERVAL BE	ETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hypost	atic con	gesti	on of the	he l	ungs			0143	ET8NE	hrs.
443x	DUE TO		110									100
Conditions, if	any which \	Hypert	ensive a	rter	osclero	tic	cardi	ovascu	har	4116	?	
gove rise to	immediate (D)	diseas										
couse (o), stoting		urseas	6									
lying couse lost.	, (c).											
PART II. OT	HER SIGNIFICANT COND	ITIONS <u>CONTRIB</u>	UTING TO DEATH	F BUT NOT	RELATED TO THE	ETERMIN	AL DISEASE	ECONDITION	I GIVEN IN P	ART 1(o) 1	PERFC	AUTOPS DRMED?
20g. ACCIDENT W	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	00b. DESCRIBE HO	OW INJURY OCC	URRED. (Er	iter noture of inju	ury in Po	ort I or Port	II of item 18	.)			
20c. TIME OF INJU Hour o. m. p. m.		While _ No	OCCURRED 20 of while work		OF INJURY (Home street, office bld		20f. (City	or town)		(County)		(Stot
21. I certify t	hat I attended the	deceased from	m ]1-	-17	19 59 to	0 77	-21:	10	9 that I	last say	v the	decens
alive an1			, and that d									
dive di	1-44-	_, 12_22	, and that a	earn acc	urrea at 11.			reet, city or to		ne date		a abav
ACTUAL	1/V2 11. 00	llen										3.0
SIGNATURE	100 mes	-		M.D.	Dee	rs	Head	State	Hospi	tal		
PHYSICIAN'S NAME (Type)	L. V. Maldy	e. M. D.			Sal	isbu	ıry			Ma	ryla	nd
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. N	IAME OF CEMETE	RY OR CR			-	TION (City, to	wn, or count		(Sto	
Burial	Nov.26,1	959 Dor	chester	Меш			Cem	bridge	Man	vlan	1	
23. FUNERAL DIRECTO			DDRESS	0.	2 340	REC'D	BY REGIST	RAR 246.	REGISTRAR'S		RE	
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13139	CERTIFICA	AIE OF DEA	VIII		Reg. Dist. N	0.	
	MARYLAND	o. STATE	1 1 1 1 1 1 1	b. CQUNTY		fore admiss	sion)
outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	V			URAL ond give r	earest tawr	٦)
				bury, Ma.		e. IS RES	IDENCE FARMS
Head State Hosp	ital	/					NO 🗌
First	Middle Carri son	Lost Toman ++	4. DATE OF DEATH			_ ′	Year 19 59
				9. AGE (In years		~	
		3/23/1867		lost birthdoy) 92 yrs.	Months Days	Hours	Min.
N (Give kind af wark done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (	State or foreign o	country)	12. CITIZEN	OF WHAT C	OUNTRY
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4 4	· +	14. MOTHER'S MAIL	DEN NAME	* M			
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IN U. S. ARMED FORCES? 16. f yes, give war or dates of service)	NONE	NFORMANT Deer	s Head	Hospi ta <b>ʻi</b>	Records	0	
TH [Enter only one couse per lin	e for (o), (b), and (c).]				IN	TERVAL BE	TWEEN
TH WAS CAUSED BY: HVD	ostatic conges	tion of lu	ngs		01	3 wee	
DUE TO		SHOP TO					
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	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	FERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(o)	PERFO	AUTOPSY RMED?
S UNDERLYING [ 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of inju	ry in Part I or Po	rt II of item 1B.)	100		
While	Not while fa			y or town)	(Count	у)	(Stote)
ot l'attended the decease	ed from 3-24	, 19.59 , to	11.	-30 , 159 ,	that I last so	ow the d	leceoser
11-30 , 19 5	22, and that death	accurred at 5:1	QaM, from	the couses on	d on the da	te stated	dabove
1/1 1/1	1			Street, city or town,	stote)	DAT	E SIGNE
J. · · · · · · · · · · ·	erry	M.D. Sal	sbury,	Maryland		11-	30-59
L. V. Maldye.	м. D.						
12-2-59		R CREMATORY	POLA	TION (City, town,	or county)	(Stot	e)
SIGNATURE	ADDRESS	240.	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNAT	URE	
kinson &	listron, mo	DAT	DEC 3	'59 a	Thus S. H	ines.	
	outside corporate limits, write arest town)  AL (If not in haspital, give street of the corporate town)  First  John  6. COLOR OR RACE  N (Give kind of wark done 10b. Ing life, even if refired)  IN U. S. ARMED FORCES?  IN U. S. ARMED FORCES?  If yes, give war or dates of service)  IMMEDIATE CAUSE (a)  DUE TO  DUE TO  TO (c)  ER SIGNIFICANT CONDITIONS CO  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Year  Month, Month, Month, Month, Month, Month, Month, Month, Mo	Outside corporate limits, write arest town)  251 days  AL (If not in hospital, give street address)  Head State Hospital  First Middle  John Garrison  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED NOT BUSINESS OR INDU  N (Give kind af wark done 10b. KIND OF BUSINESS OR INDU  IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. If yes, give war or dates of service)  NONE  TH [Enter only one couse per line for (o), (b), and (c).]  TH WAS CAUSED BY: Hypostatic congess  DUE TO  Ly, which neediate he under.  OUE TO  CAUSE OF DEATH  MEDICAL EXAMINER)  Month, Doy, Year 20d. INJURY OCCURRED While not work of the work of work of work of the work of work of work of the work of w	Courside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN orest town)  251 days  AL (If not in hospital, give street address)  B. DATE OF BIRTH  3/23/1667  N Give kind af wark done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (  Maryla   12. BIRTHPLACE (  Maryla	Outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate lown)  Outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate lown)  Outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate lown)  Outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate lown)  AL (If not in hospital, give street address)  AL (If not in hospital, git street address)  AL (If not in hospital, git stree	Outside corporate limits, write of outside corporate limits, write outside corporate limits, write outside corporate limits, write outside corporate limits, write outside or outside load.  In Calcase of write of outside of o	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence be on STATE   ST	2. USUAL RESIDENCE (Where deceased lived. If institutions residence before administration with the property of the property

TO HOSPITAL OF ATTENDING PHYSICIAM: The low requires that the death certificate be executed minim. A most be retained by the hospital or attending physician.

TO FUNERAL DIVECTOR: After this certificate has been signed by the attending physician and campletely filled in by the filed-with page 3 should be detoched far use as the buriol-transit permit. Then please remove carban popers. Pages 1 and 2 should be filed-with the registrar prior to buriol, cremation, or remavol, and in any event within 72 haurs after death.

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CERTIFICATE OF DEATH

Reg. Dist. No.

	7.5			Neg. Dist. 140.	
/	1. PLACE OF DEATH o. COUNTY	MARYLAND		If institution: Residence before admission)	1
		ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limi	its, write RURAL and give nearest town)	-
	RURAL and give nearest town)  Sakis buch		Princess ANNE	19 2.	
	d. NAME OF HOSPITAL (If not in hospital, give street addre	155)	d. STREET ADDRESS	e. IS RESIDENC	E
	Peninsula Gener	at Hospi	173/	ON A FARM YES NO	_
í	3. NAME OF DECEASED (Type or print) SOSE PA	Middle Va	norio Sy . DATE OF DEATH NO	Vember 10 1953	7
	5. SEX  6. COLOR OR RACE  7 MARRIED  WIDOWED  WIDOWED		B. DATE OF BIRTH  9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 House Min	_
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND		STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT	RY?
1	Electrical Engineer R	etired	Naples Ita	1 V.S.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1 2	
/	Hndrew Jano	rio	Hntlonette		
ń	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	AL SECURITY NO.	NFORMANT	Address	
		//	reodore Vanorio	Princess Hnne	-
f	1B. CAUSE OF DEATH [Enter only one cause perline for PART I. DEATH WAS CAUSED BY:	(o), (b), and (c).	waldering	ONSET AND DEATH	1
H	1420.1 DUE TO	00,000	10 - Cursion	4700	-
	Conditions if any which	willed	arthuselle pass		
	gove rise to immediate couse (o), stating the under-		7		
	lying cause lost. (c)				
4	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND	OITION GIVEN IN PART 1(0) 19. WAS AUTOP	SY
		w and	rucken	YES NO	_
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	D. (Enter nature af injury in Port I ar Port II of it	am 1B.)	
ł	Hour o. m. While		ACE OF INJURY (Home, farm, toy) 20f. (City ar tow)	n) (County) (Sto	te)
		at work		with the same of t	_
5	21. I certify that I attended the deceased f		1 312/	, 19_5, that I last saw the deceas	
H	alive an WOVE MOER 13 19 3 9	and that death	accurred at ADDRESS (Sireet, cit		
	ACTUAL SIGNATURE	1	11/11/10/10	211/1/ 11/15·5	4
	17777	7-	M.D. Population	000	+
i	PHYSICIAN'S H FT 181, 61	10	Alleseur	1/1/100	
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c	NAME OF CEMETERY O	R CREMATORY 22d LOCATION (C	ty, town, or county) (State)	
	28. FUNERAL DIRECTOR'S, SIGNATURE	ADDRESS /)	240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE	_
	Janes Thin and Pro	) H	m. 1		
	LIGHT LANDER ALLEN	action 110 100	CE PICOCIDATENOV 1 8 159	Onther of the	

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retain.

TO FUNERAL DIREGIOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registror priar to burial, crematian, ar removal, and in ony event within 72 hours after death.

VS A15 (4) 15M 9/5B

13160 CHOTHCAYERS DEATH 

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death.

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death

o FUNERAL DIS page 3 shauld I the registrar pr 0 VS A15 (4) 15M 9/5B

1. PLACE OF DEATH o. COUNTY o. STATE MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) Salisbury d. STREET ADDRESS Deer's Head State Hospital NAME OF Middle DECEASED (Type or print) Charles Vaughn 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH WIDOWED C DIVORCED | Male Negro unknown unknown 13. FATHER'S NAME unknown unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Arteriosclerosis General Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. CATION Arteriosclerotic Cardiovascular Disease 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) Hour 0 m Not while ot work ot work \_\_\_, 1959\_\_, to\_\_ 21. I certify that I ottended the deceased from.\_\_\_\_ fuerman, M. D. ACTUAL PHYSICIAN'S NAME (Type) 229-BURIAL, CREMATION, 22b. DATE THEREOF 22d. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 12ric

13141

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Saltisalouser Mary Land Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO D 727 Dennis Street 4. DATE Month Day Year DEATH 77 10 159 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy) Months Days 15, 1886 73 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. 14. MOTHER'S MAIDEN NAME Deer's Head HospitaToRecords INTERVAL BETWEEN ONSET AND DEATH Recurrent cerebral thrombosis ? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20f. (City or town) (County) (Stote) 11-10 159 that I last saw the deceased 1959 , and that death occurred at 3:05PM, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED Deer's Head State Hospital Salisbury, Maryland 22d. LOCATION (City flown, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTAR'S SIGNATUR 24a. REC'D BY REGISTRAR

L.A. L. Brancher Commence of the Commence of t
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4

**CERTIFICATE OF DEATH** 13159

Reg. Dist. No.

	PLACE OF DEATH	comico	MARYLAND	2. USUAL RESIDENCE (WHO o. STATEMARY La	nere decesses	d lived. If instituti b. COUNTY		before admis	sion)
	b. CITY OR TOWN (If or Sharptowi	utside corporate limits, write est town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		rote limits, write R	URAL and giv	ve nearest tow	n)
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol, give street Water Street		d. STREET ADDRESS Water	Stree	et		ON	SIDENCE A FARM? NO 1
	NAME OF DECEASED (Type or print)	narlie	Conley	Walker	4. DATE OF DEATH	Nov	24,	Doy	Yeor 19 59
	sex Male	White Widowi	RIED NEVER MARRIED	8. DATE OF BIRTH Dec.13,188	38	9. AGE (In years lost birthdoy) yrs.		YEAR IF UND Days Hours	ER 24 HRS.
100	Retired Me	(Give kind of work done 10b. life even if retired) ACHINEST	kind of Business or Indu food Baskets					ZEN OF WHAT	COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
	Thomas Wa	alker		Mary Co	nley				
15.	WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		
1	Yes [If you	es, give wor or dates of service)	213-03-4714	Mary Walk	cer, S	Sharpto	wn, Ma	arylar	nd
	Conditions, if any, gove rise to imm couse (o), stoting the lying couse lost.	ediote (							
CERTIFICATION		_	CONTRIBUTING TO DEATH BUT				EN IN PART	PERFC	AUTOPSY DRMED?
CERT	200. ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. If While of work	_ Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc		or town)	{Co	ounty)	(Stote)
	21. I certify that alive an	l attended the deceas	-45	, 19.54, to 7	M, fran		and on the	e date state	
	ACTUAL SIGNATURE	Skulin	man	M.D	Kine	1/1	THIL	11	25/59
	PHYSICIAN'S HE NAME (Type)	S. Kuhl	M. P. L.		/				
220	BURIAL CREMATION, REMOVAL (Specify)	226. DATE THEREOF 11-27-59	22c. NAME OF CEMETERY C	DR CREMATORY	She She	TION (City, town, arptown	or county), Mar;	yland	e)
23.	FUNERAL DIRECTOR'S S	IGNATURE (	ADDRESS ADDRESS	PAZ 240. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	NATURE	

VS A15 (4) 15M 9/55

TO HOSPITAL OR TO FUNERAL

DOTIONS OF THE TOTAL PROPERTY OF THE TOTAL P		TE OF DEATH	CERTIFICA		
					Name of Street
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	MARYLAND STATE DEPARTA Item 2 Film G243 13149 CERTIFIC	MENT OF HEALTH—BALTIMORE, 18
(5/	13142 CERTIFIC	ATE OF DEATH Reg. Dist. No.
V	1. PLACE OF DEATH a. COUNTY ComiCO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Marvland Wicomico
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give neares) tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
082	d. NAME OF HOSPITAL (If not in-hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION	d. street Address RFD #1, Sharptown, Md. e. is residence on A FARM?  Peninshla/General/Hospital YES No 2
	3. NAME OF First Middle (Type or print) Edward	Last 4. DATE Manth Day Year OF DEATH November 20 1959
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  DIVORCED  DIVORCED	
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF 8USINESS OR INDIduring most of warking life, even if retired)	USTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
3	School  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	INFORMANT Address Address Address
	18. CAUSE OF DEATH [Enter anly one cause per line fo (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	The interval Between onset and Death
	340.3 DUE TO	is remigue quip
	Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES X NO
	Z00. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 18.)
1		PLACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.) (State
di	21. I certify that I attended the deceased fram. 11	3, 1959, to 11 20, 1959, that I last sow the deceased the occurred at \$10PM, from the causes and on the date stated above
	ACTUAL OF PROPERTY OF	ADDRESS (Street, city or town, state)  DATE SIGNE
1	PHYSICIAN'S RUFUS S, GARDNER	JR. Splisbury, Md.
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)  Sharptown Md.
2	Burial 11/26/59 Zion  23. FUNERAL DIRECTOR'S SIGNATURE  Chapter of States of	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DANOV 3 0 '59  7247 8. Kraus
11/1	The state of the s	

the country of the co man i terroren kunden erroren er velt ar renen oberen erroren. Billiotekombinak artikalen erroren err . . Western F. Character of Line and Wild and

18 A	
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate withing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded to receive Knief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, are marked.	1. PLACE OF DEATH o. COUNTY
y is necessary. price Page 4	b. CITY OR TOWN (If outside and give nearest town)
and a second	d. NAME OF HOSPITAL O
direct reprint	D.O.A. I
any delay I funeral dire or yaur filey registrar pr	3. NAME OF DECEASED (Type or print)
If ar the fur the re	5. SEX 6. (
h. If the fo	Male V
ier death. If a and 3 to the fi se retained for nd 2 with the r	10a. USUAL OCCUPATION (C during most of working life
2, and 2 and 3	Contractor
1, 2, 1, 2, may by 1 of 1 of 1	13. FATHER'S NAME
ages 1, ge 5 m poges	Daniel Edv
ve Page 9	15. WAS DECEASED EVER IN
vithin 24 hau Give Pages A3. Page 5 r	No
uted with 18. Girn PM3.	18. CAUSE OF DEATH
ould be executed pend in Item 18. burial-transit perm	PART I. DEATH W.
auld be exec pencil in Iter slong with fa burial-transit	1420,1
be will in	Conditions, if any, a
pencil along burial	(o), stoling the under
in p	cause lost.
tificale shading'' in 's Office used as a	PART II. OTHER SI
s certificate "pending" iner's Offic be used as	200. EXTERNAL CAUSE W
: This cert vard "pen Examiner" hauld be u	PART II. OTHER SI  200. EXTERNAL CAUSE W PRIMARY Or CONTRIBI CAUSE OF DEATH.  20c. TIME OF INJURY Hour o. m. p. m.
ward ward should	3 20c. TIME OF INJURY
3 sh	Hour a.m.
writing the writing the Medical	21. I certify that I
EX.	death resulted from
DICAL EX	0
O STATE OF THE O	ACTUAL T. T.
AL AL	EVAMINED'S
cute the certification of FUNERAL or remaval.	EXAMINER'S NAME (Type) Dr. J
forwar representations	220. BURIAL, CREMATION, 2 REMOVAL (Specify)
71	BUTIAL I
VS. A15ME(5)	HOTTOWAY &
The second secon	THE TANK I LETTER

1 X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
, ig. 8. 8.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1314
please exa-	1. PLACE OF DEATH O. COUNTY  Wicomico  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE  Maryland  b. COUNTY  Wicomico
Poge Poge	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
8 5	Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
direction of the standard of t	D.O.A. Pen.Gen. Hospital Quantico Road VES NO.
any deli funeral r yaur f registra	3. NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) HILLMAN BOWMAN WATSON DEATH NOV. 29th 1959
If a full far he ru	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE   In your   IF UNDER 1YEAR   IF UNDER 24 HR
in in the	Male   White   WIDOWED   Sept. 25, 1904   55 yrs.   Male   Widowed   Widow
deo deo 2 × 2	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTI during most of working life, even if retired)
2, and and and	Contractor & Builder-House Construction Maryland US &
ST DE S	Daniel Edward Watson Flora J. Furbush
24 hay Pages 5 age 5 e poge	
Give Pool	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Leroy Smith (Sister)  No Smith (Sister)
d within Give	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Coronary occlusion
ii for e	420,1 DUE TO
be ex with With I-trans	Conditions, if any, which (b) gove rise to Immediate cause
shauld b in pencil e along ' a burial-	(o), stoling the underlying DUE TO
D . O w	
certificate pending: ner's Offi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
<u></u>	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 1B.)
EXAMINER: This rriting the word 'sel Medical Exam R: Page 3 shauld	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, P. m. 19 of work o
EXAMI writing the ief Medi	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection X, Inquiry X, and find the
ICAL EX pte, writh the Chief fCTOR:	death resulted from: Natural causes 🗷, 7 Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined cause 🔲.
ate, v	ACTUAL AL DISCOLLAR DATE SIGNED
S S S S S S S S S S S S S S S S S S S	SIGNATURE CHIEF MEDICAL EXAMINER
CODEPUTY A CUTE THE CELL FORWARDE OF FUNERAL OF FUNERAL	EXAMINER'S Dr. Pholip A. Insley  Assistant medical examiner Nov. 30 1959  DEPUTY MEDICAL EXAMINER NOV. 30 1959
cute forw ar re	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
5	Burial Dec. 3, 1959 Wicomico Memorial Park Salisbury, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDR
VS. A15ME(5)	ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MARYLAND DATE DEC 2 '59 Outland S. Kraus
5M 9/55	DATE OF COMMENT OF THE PROPERTY OF THE PROPERT

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VS A15C 1-55 10M -

INSTRUCTIONS

## 13144 CERTIFICATE OF DEATH

Reg.	Dies	Blo
Mes.	DIST.	140

1. PLACE OF DEATH	2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
COUNTY Wicomico MARYLAND	STATE Maryl		omerset /
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place)	CITY (It outside corp	orate limits, write RURAL and gi	ve neerest town)
TOWN Salisbury Since 11/17/59	TOUGH	sfield	1939.2
HOSPITAL OR Pine Bluff State Hospital	STREET ADDRESS	(If rural give loc	elion)
STREET ADDRESS Salisbury, Maryland	ADDRESS		
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Louis Augusta W	leed	DEATH NOV.	21 1959
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O			UNDER 1 YEAR   IF UNDER 24 HRS.
Male White Separated May 3	1. 1886	73 yrs. Mo	onths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY refired) Unknown	Elsworth, Me		COUNTRY? USA
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN		1
· William Haskel Weed	Syble	000 0.0 no no più un 90 no 90	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17, INFORMANT &		
(Yes, no, or unk.) (If Yes, give wer or detes of service)			oto Vannital
		Pine Bluff St	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION		ONSET AND DEATH
202X IMMEDIATE CAUSE (A) Fulmone	All Teller	Louis	6 me sa
	my hibere	04 00-	3770
DISEASES OR CONDITIONS, IF ANY, (B)	0		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	· ·		20. AUTOPSY? YES NO 🔀
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	16. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCU	JR ?	
22. I hereby certify that I attended the deceased from NOV 17	. 19.59 to No	v. 21 19 59 t	hat I last saw the deceased
alive on Nova 20 , 19.59 , and that death occurred at			
SIGNATURE		RESS (Street, city, town, ste	
Edward P. Rilelingero.	Sali	sbury. Md.	11/21/59
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	the state of the s
BREMOVAL (SPECIFY) 11/23/59 SUDDIVY	Joe	Cristi	eld Md
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR'S	SIGNATURE ,	ADDRESS
DATE NOV 3 0 '59 Chilles & Harris	James	1 Humi	and the
	U U	11	a dan ilk

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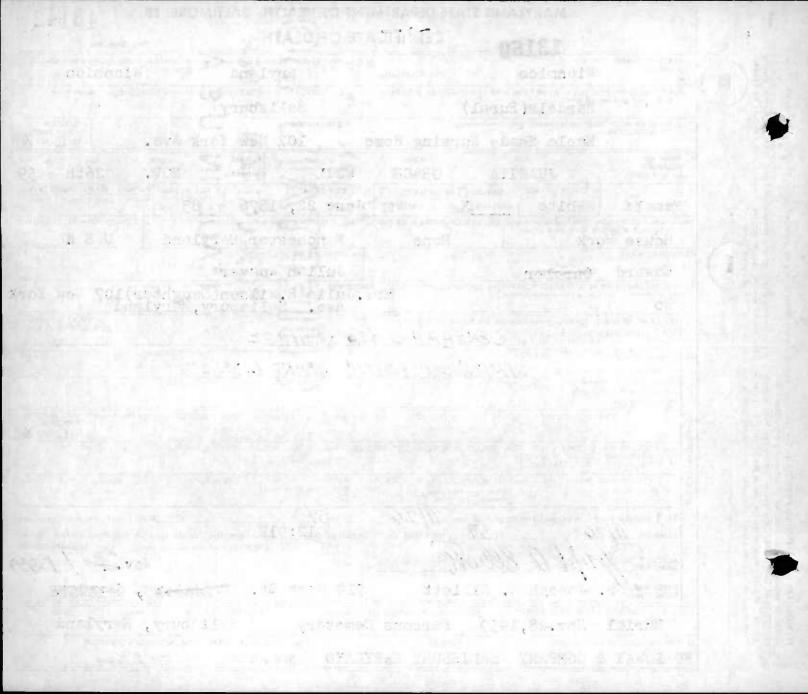
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2. popers. pup cachon physicion remove ottending a. Py been signed per buriol-tronsit physicion certificote as the 3 should be detoched for TOR: prior TO FUNERAL DIREC registror

CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. COUNTY Wicomico Maryland b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Mardela (Rural Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Maple Shade Nursing Home 107 New York Ave. YES NO NAME OF 4. DATE Month DECEASED JUANITA GRACE WEIL NOV. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Female White DIVORCED [ WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House Work None Manchester Maryland 13. FATHER'S NAME Julian Weaver Edward Mrs. Julia R. Wilson (Daughter) 107 New York Ave. Salisbury, Maryland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ERERRAL HEMORRHAGE 420.0 DUE TO RTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO IX 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I ar Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while at wark at work 21. I certify that I attended the deceased fram. and that death accurred a 12:01 M, from the causes and on the date stated above alive on ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S Dr. 714 West St. Joseph A. Elliott NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Salisbury. Parsons Cemetery Nov. 28. 1959 Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR HOLLOWAY & COMPANY SALISBURY MARYLAND Cirilian S. Krous DNOV 3 0 '59



The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	roline	1
COUNTY Wicomico MARYL		STATE Maryl	and county	Minne		V
CITY (If outside corporete limits, write RURAL   LENGTH O	F STAY	CITY (if outside corp	orate limits, write RURAL a	nd giva naeres	t town}	
OR end give nearest town) (in this p	0 0	OR TOWN Rade	ma I also ma		051	-7
Salisbury Since i			ralsburg		05X-	ol.
HOSPITAL OR Pine Bluff State Hospital		STREET ADDRESS	(If rurel giv	re location)		
STREET ADDRESS Salisbury, Maryland			ston Branch	Road		
		asi)	4. DATE (Mor		Dey) (Y	(ear)
DECEASED	3 . 2/	1 1-1	OF			
(Type or Print) Franklin	W	1EaT/EY	DEATH	v d	5 15	57
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE OF BI	RTH 1876	9. AGE lest birthdey	IF UNDER 1	YEAR IF UND	ER 24 HRS
M RACE WIDOWED, DIVORCED, (Specify) STATES	15 Tura	18 1956	03	Months I	Days Hour	s   Min.
SINGLE	10	2400	8-2 yrs.	1 10		0149
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	S   11.	BIRTHPLACE (Stets or for	sign country)		COUNTRY?	HAI
retired) Farmer FARM		Reliance, Mo		403	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		0026	
James Watered Wheetless		70~				
James Edward Wheatley			ucella Morr	LS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO.	17. INFORMANT &	ADDRESS			
(Yas, no, or unk.) (If Yas, give wer or dates of service) None		Records of	Pine Bluff	State	Hospits	17
	DICAL CERTIF			5 00.00	INTERVAL BE	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					ONSET AND	DEATH
LOD / IMMEDIATE CAUSE (A) Conges	Tive HERI	t Failure		- 34	?	
2		, , , , , , , , , , , , , , , , , , , ,				
Autreceptivi expose(s)	Salie C.	V. DIDORDO			?	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE						
STATING UNDERLYING CAUSE LAST. DUE TO				15 19		
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE	The	Quartice		150 5		
		Lucietto	`			
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	1				20. AUTO	and the same of th
None		Maleon Dip Indiana	10.5. (4)	10		10 1
21b. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PEACE (Home, farm, fector) OF INURY street, office bidg., atc	.) 21c.	WHERE DID INJURY OCCU	JR? (City or town)	(County)	(Sta	(fa)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCU		HOW DID INJURY OCC	JR?			
	t while					
	- 41	12 59 . 15	Way 15 50			
22. I hereby certify that I attended the deceased from			WOV , 19 59			eceased
alive on 14 Nov , 19 59 , and that death	occurred at				above.	
SIGNATURE		ADD	RESS (Streat, city, tow	n, stata)	DATE S	SIGNED
	M. D.	707 Came	lan ave 1_	light.	10/15	1/59
23. BURIAN CREMATION.   DATE THEREOF   NAME OF	CEMETERY OR CRE		LOCATION (City, town	n, or county)	-110	(State)
REMOVAL (SPECIFY)		CEMETERY	LEAD FED	CONIC	SOLDE AN	^
			NEAR FED			U,
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 2	5. FUNERAL DIRECTOR'S			DRESS /	
DATE NOV 1 9 '59 C. Thur, & Known		f. f. trampto	in al son, ted	erolabu	rg, hd.	

PARTITION STATE DEPARTMENT OF MEATHER CHAIRMAN "

## CERTIFICATE ORDEATH

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CEDTIEICATE OF DEATH

		101	20	CERTI	FICA	IE OF DEA	in.		Reg. Dist. No	0.
1.	PLACE OF/DEATH	omico		MARY	(LAND	2. USUAL RESIDENCE ( o. STATE	Where deceased	d lived. If institution b. COUNTY	Residence bef	
	b. CITY OR TOWN RUPAL ond give	(If outside corporate lim nearest town)	ts, write	c. LENGTH OF STAY	IN 1b	13	If outside corporate isbury	rote limits, write RUF	tAL and give n	earest town)
-	d. MAME OF HOSP OR INSTITUTION ENINS'U			HOSPITAL	4	d. STREET ADDRESS	Smith	St		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	WILL		Middle OTTO		White	4. DATE OF DEATH	Novent	ER	12 19.57
5.	MALE	6. COLOR OR RACE	7. MARRI WIDOWEI	Baby		Nov.12,19	59		Months Days	Hours Min.
	None None	ION (Give kind of work orking life, even if retired	)	IND OF BUSINESS O	R INDUST	Salisb	ury, Ma		12. CITIZEN C	S A
13.	FATHER'S NAME Willi	am Ernest	Whit	ce		Betty,		nzelman	1	
	WAS DECEASED EV	/ER IN U. S. ARMED FOR (If yes, give war or dates of s		OCIAL SECURITY NO	Mr	Wm. Ernes Salis	t Whit	e(Father Maryland	)709	Smith St
	762.5	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	)	for (0), (b), and (c).	129	515	(1040			PPYOX 134.
	Conditions, if gove rise to couse (o), stoting lying couse lost	g the under-		A f WY	1 ~			gms.		ALLON 1345
CERTIFICATION	PART II. O	THER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TE	RMINAL DISEASI	E CONDITION GIVE	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO M
	OR CONTRIBUTIN	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED	. (Enter noture of injury	in Port I or Port	t II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	. 10	20d. IN While of work	JURY OCCURRED Not while of work		CE OF INJURY (Home, fory, street, office bldg.,	etc.)	or town)	(County	y) (Stote)
	actual SIGNATURE	that I attended the	decease , 19		death	accurred at 5	M, fram		on the dat	te stated above
220	BURIAL, CREMATI	ION, 22b. DATE THEREC		22c. NAME OF CEM	-14			TION (City, town, or		(Stote)
	Buria	1 Nov.14.	1959	Wicomic	CO_M	emorial P	ark	Salisbur	y, mar	yrana

may be retained the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs offer death. VS A15 (4) 15M 9/5B

death. Page 4 director

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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HOLLOWAY & COMPANY 208218

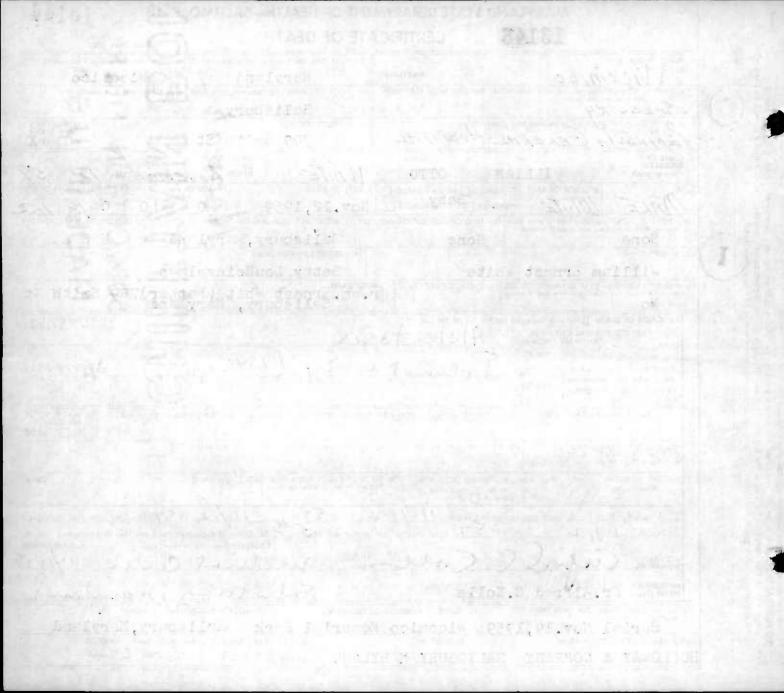
23. FUNERAL DIRECTOR'S SIGNATURE

SALISBURY MARYLAND

ADDRESS

24a. REC'D BY REGISTRAR DATE NOV 1 7 '59

Salisbury, Maryland
rar 24b. REGISTRAR'S SIGNATURE Orthun & Krous



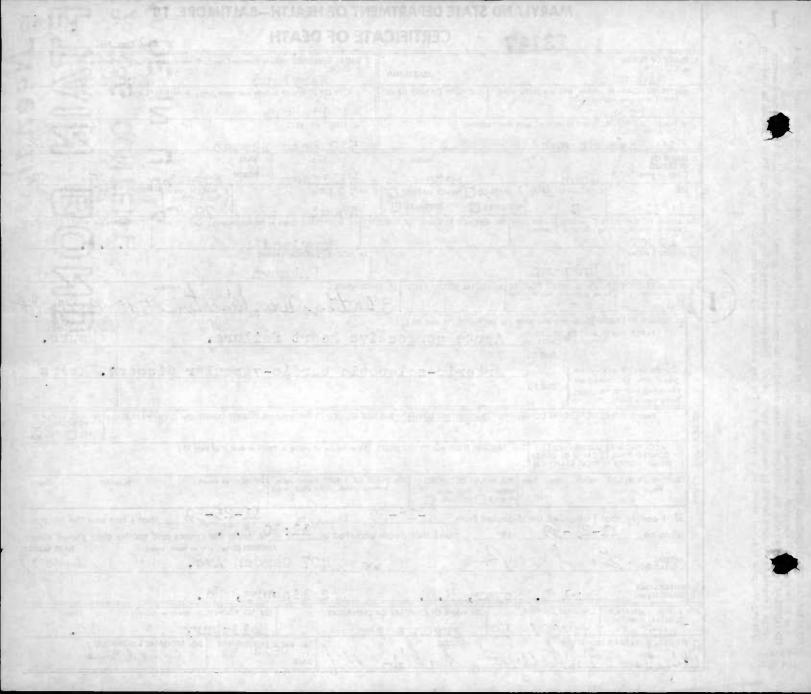
13145

		131	47	CERT	IFIC/	ATE OF I	DEATH	1		Reg. Di	ist. No.	Tolas
1. [	LACE OF DEATH					2. USUAL RESI	IDENCE (Wh	ere deceased l	ived. If institut	ion: Resider		odmission)
`	Wicomi	co		MAR	YLAND	o. STATE	arvla	nd	b. COUNTY		omico	0
-1		outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b				e limits, write f			
	Salisbu					12 Sal.	isbur	77				
-		AL (If not in hospital,	give street o	ddress)		d. STREET		<b>y</b>			e. I	IS RESIDENCE
	519 Rose	Street				519	Rose	Stree	+			ON A FARM?
	NAME OF		rst	Middl	e	lo		4. DATE	Mor	ath	Doy	Year
	PECEASED Type or print)	John		Doto		Will		OF			007	
5. 5	EX	6. COLOR OR RACE	7. MARRI	Pete.	IED TO	8. DATE OF BIRT			Novemb AGE (In years		1 YEAR IF	19 59 UNDER 24 HRS.
	TMT	a.	WIDOWEL		900			"	lost birthdoy)	Months		lours Min.
Oa.	USUAL OCCUPATIO	N (Give kind of work			_	Abou	LACE (State	a familia and	70 yrs.	112 617	UZENI OF V	WHAT COUNTRY
	during most of work	ing life, even if retired	3)		OK IIIO	STRIFTI. BIRTHI	CACE (SIGIE	or lovelgii coor	1117)	12. (1	IZEN OF V	WHAT COUNTRY
13	Labor FATHER'S NAME					Ma:	rylan	d		U	S.A	
13.	TATHER 3 NAME	IInles or se										
		Unknown					Unkno	wn.				
11/62	no, or unknown) {	IN U. S. ARMED FOR		OCIAL SECURITY N	0. 117. 1	NFORMANT	^	11	Add	ress		0
1	No.	*			IE.	DATho	willer	ishes	Elon	-51	9 Re	sels
	18. CAUSE OF DEA	TH [Enter only one co	ouse per line	for (a), (b), and (c	).]			100	1		INTERV.	AL BETWEEN
	PART I. DEAT	IH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ac	ute con	gest	ive her	art f	ailur	0.		H	AND DEATH
	11221	DUE TO										
	Conditions, if or	v. which )	. 12	terio-s	alen	otto o	ondia	-TE GO:	on d	ices	50 7	Vanne
	gove rise to in			DOT 10-31		ODIC C	ar ar o	-vasc	arar a	1000		LUALS
	couse (o), stating the lying couse lost.	he under-										
z		ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	/ENLINI DAD	T 1/21/19 \	WAS ALITOPEY
ATE							J THE TERMIN	THE DISENSE C	.014011101401	LEIA IIA LAK	P	PERFORMED?
CERTIFICATION	20m ACCIDENT WAS	I IIII DEBI VINIC 🗖	20h DESCI	RIBE HOW INJURY	CCURRE	D /F-1	6 1-1 - 1- D		-6.34 10.3		YE	S NO A
ERT	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH	ZOD. DESC	CIBE MOVY INJURY	CCURRE	D. (Enter noture o	or injury in r	arr i or rom ii	or item 18.j			-
			100.0		las si							
MEDICAL	20c. TIME OF INJURY Hour o. m.	1130	ar 20d. IN. While	Not while	20e. PL/	ACE OF INJURY ( story, street, office	Home, form, e bldg., etc.	20f. (City or	town)	(0	County)	(Stote)
M	p. m.	19	ot work									
	21. I certify the	at I attended the	decease	d from 4-	16-5	9 . 19	_, to	11-2	5-58	that I	last saw	the deceased
	alive an 1	1-25-59	. 19	and tha	t death	accurred at	11:3	Q. A.M.	An course of	and on the	ha data	stated above
		a n.	0			00001100 01	-	DDRESS (Stree	et, city or town,	stote)	ne date :	DATE SIGNER
	ACTUAL	Entl	VS	<b>\</b> ,		40		mden .			1	2-1-5
	SIGNATURE			X-		M.D						
	PHYSICIAN'S NAME (Type)	Earl L.	Rove	r.M.D.		9	alisb	י דייווו	Md.			
720		y, 22b. DATE THEREC			AFTERY C				Md.			
	REMOVAL (Specify)	, and determine		22c. NAME OF CEA	ALIERY O	K CREMATORY			N (City, town,	or county)		(Stote)
22 .	burial	111/30/	591	green	acr	es		Salis				d.
1	UNERAL DIRECTOR'S	SIGNATURE		ADDRESS .	11.	nel	240. REC'D	BY REGISTRA	R 24b. REGI	STRAR'S SIC		
1	miline	YZ ALLL	Vait	Soll	11-	Fild	DATE .	2 33	u	rthus S.	Maria	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained; the hospital or ottending physicion.

O FUNERAL DICTOR: After this certificate has been signed by the ottending physicion and completely filled in by the financial director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR 

M



CERTIFICATE OF DEATH

13146

L				CERTIFIC		L OI DEF	7111			Reg. D	ist. No		
1.	PLACE OF DEATH  o. COUNTY	Vicomico		MARYLANI	li l	USUAL RESIDENC o. STATE	E (Where daryla		lived. If instituted b. COUNTY		nce befo		ion)
Н	RURAL ond give n		, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN	•	carpore	ote limits, write RL	JRAL and	give ne	arest tawr	)
L	Nantico			Lifetime	X	Nantico							
	d. NAME OF HOSPIT	TAL (If nat in hospitol, giv	re street	oddress)	1	d. STREET ADDRE	SS						FARM?
3.	NAME OF DECEASED (Type or print)	First W .		Middle HARRISON	WII	LING		ATE OF DEATH	Mont Nov.	th	29		Yeor 1959
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	7 B. D.	ATE OF BIRTH		5		IF UNDE	RIYEAR		ER 24 HRS.
Г	Male		WIDOWI	4 -7-4	2	2/4/1883	3		76 yrs.	Months	Days	Hours	Min.
10	during most of work	king life, even if retired)	Te:	KIND OF BUSINESS OR IN	DUSTRY		(State or for			12. C	TIZEN C		COUNTRY
13	FATHER'S NAME				1.	. MOTHER'S MAIL	DEN NAME						
1	John W.	Willing				Georgi	ia wi	111	ng				
19	WAS DECEASED EVE	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17	. INFO	RMANT			Addr	<b>ess</b>			
1	et, no. or unknown)	(If yes, give war or dates of ser	vice)		Irs	Kathlee	en Wi	111	ng. Nai	ntic	oke	. No	1.
CERTIFICATION	Conditions, if a gove rise to i couse (a), stating lying cause lost.  PART II. OTI	the <u>under</u> THE SIGNIFICANT COND		CONTRIBUTING TO DEATH I						EN IN PA	RT 1(0)	PERFO	AUTOPSY RMED? NO [
		AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCUI	RRED. (E	nter noture of inju	ry in Port I	or Port	II of item IB.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year	20d. II While of wor	_ Not while _		OF INJURY IHome, street, office bldg		f. (City o	or town)		(County)		(Stote)
	21. I certify the alive an	oat I attended the	deceas _, 19	ed fram. Nov. 3		., 19 <u>57</u> , to curred at <b>31</b> .	5 P.M.	, from	the causes a get, city or town,	nd an		te state	
22	Ra. BURIAL, CREMATIC REMOVAL (Specify BUT181			St. Marys	-			-	ON (City, town, o			(Stot	•)
23	. FUNERAL DIRECTOR	'S SIGNATURE	,	ADDRESS		24a.	REC'D BY	REGISTR	AR 24b. REGIS	TRAR'S S	IGNATU	RE	
1/	JIU	lonner	70	irrolaro Bras	2177	d	- DEC	3 15	0 0	-11.00	9 45.		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the haspital ar attending physician.

D FUNERAL D., CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL Q may be retain VS A15 (4) 15M 9/S5

after death. Page 4

funeral director, should be filed with

H

NT OF HEALTH-BALTIMORE, 18	
HE OF DEATH	
	Date Carried Delivery
	The state of the s
	The second secon
	A comment